Population, Health, and Nutrition Results Reporting From FY 2002 R4s

August 2000

Bureau for Africa

Office of Sustainable Development (AFR/SD)

U.S. Agency for International Development

Prepared by
The Center for International Health Information
and
The Population, Health and Nutrition Information Project
400 Virginia Avenue, SW, Suite 700
Washington, DC 20024

The Center for International Health Information (CIHI)
was a G/PHN project managed by
Information Management Consultants (IMC), Inc.,
with the International Science & Technology Institute (ISTI)
and The Futures Group International.

The Population, Health and Nutrition Information Project (PHNIP)
is a G/PHN project managed by
Jorge Scientific Corporation
with The Futures Group International
and John Snow, Inc.

This document includes a series of charts and tables that summarize the results of performance monitoring for family planning and health programs in USAID's Africa region. The information is based on the FY 2002 Results Review and Resource Requests (R4) reports submitted in March 2000.

The Center for International Health Information (CIHI) prepared and provided the content for this document with the support of the Office of Sustainable Development of USAID's Bureau for Africa. The Population, Health and Nutrition Information Project edited and produced the document.

Table of Contents

Acronyms

AFP	Acute flaccid paralysis
AFR/SD	USAID Bureau for Africa/Office of Sustainable Development
ANC	Antenatal care
BASICS	Basic Support for Institutionalizing Child Survival Project
CBD	Community-based distribution
CDC	Centers for Disease Control and Prevention
CHAM	Christian Health Association of Malawi
CPR	Contraceptive prevalence rate
CS	Child survival
CSM	Contraceptive social marketing
CYP	Couple-years of protection
DFID	Department for International Development (UK)
DHS	Demographic and Health Surveys
DPT3	Diphtheria, pertussis, tetanus vaccination, 3rd dose
EPI	Expanded Program on Immunization
FHA-WCA	Family Health and AIDS-West and Central Africa
FP	Family planning
FPLM	Family Planning Logistics Management
FVR	Fully vaccinated rate
HMIS	Health management information system
IDS/EPR	Integrated disease surveillance/epidemic preparedness and response
IEC	Information, education, and communication
IMCI	Integrated management of childhood illness

IMR	Infant mortality rate
IR	Intermediate result
KEMRI	Kenya Medical Research Institute
MCH	Maternal and child health
MH	Maternal health
ML/LA	Minilaparotomy under local anesthetic
MOH	Ministry of Health
MOHP	Ministry of Health and Population (Malawi)
MWRA	Married women of reproductive age
NGO	Nongovernmental organization
NID	National immunization day
OPV3	Oral polio vaccination, 3rd dose
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PHC	Primary health care
PHN	Population, health, and nutrition
PPHC	Primary and preventive health care services
PSI	Population Services International
PVO	Private voluntary organization
RCSA	Regional Center for Southern Africa
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
R4	Results review and resource request

RH	Reproductive health
SARA	Support for Analysis and Research in Africa
SDP	Service delivery point
SEATS	Family Planning Service Expansion and Technical Support
SO	Strategic objective
SRP	Sahel Regional Program
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TFR	Total fertility rate
U5MR	Under-five mortality rate
VCT	Voluntary counseling and testing
WCA	West and Central Africa
WHO/AFRO	World Health Organization/Regional Office for Africa

Africa Missions and Regional Offices: Areas of PHN Activity

(as submitted in R4s 2002)

		Child Survival	Family Planning	HIV/AIDS
Missions	Angola	ü		ü
	Benin	ü	ü	ü
	Eritrea	ü	ü	ü
	Ethiopia	ü	ü	ü
	Ghana	ü	ü	ü
	Guinea	ü	ü	ü
	Kenya	ü	ü	ü
	Liberia	ü		ü
	Madagascar	ü	ü	ü
	Malawi	ü	ü	ü
	Mali	ü	ü	ü
	Mozambique	ü	ü	ü
	Namibia			ü
	Nigeria	ü	ü	ü
	Rwanda	ü	ü	ü
	Senegal	ü	ü	ü
	South Africa	ü	ü	ü
	Tanzania	ü	ü	ü
	Uganda	ü	ü	ü
	Zambia	ü	ü	ü
	Zimbabwe		ü	ü
Regional programs	AFR/SD	ü	ü	ü
	FHA/WCA	ü	ü	ü
	RCSA			ü
	REDSO/ESA	ü	ü	ü
	SRP (Sahel)	ü	ü	ü

Summary	# of units	Child Survival	Family Planning	HIV/AIDS
Missions	21	19	18	21
Missions and Regional Offices	26	23	22	26

Strategic Objectives and Intermediate Results in the PHN Sector

(as submitted in R4s 2002)

USAID Mission	*Objectives and Results in the PHN Sector*
USAID/Benin Approved 3/98	SO2: **Increased use of family health services and preventive measures in a supportive policy environment** IR2.1: Improved policy environment IR2.2: Increased access to family health services and products IR2.3: Improved quality of management and services IR2.4: Increased demand for and practices supporting use of services, products, and prevention measures
USAID/Democratic Republic of the Congo Approved 9/99	SO: **The Congolese people are assisted to solve national, provincial, and community problems through participatory processes that involve the public and civil society** IR1: Key health problems addressed with emphasis on redevelopment of governance structures for public health and citizen participation
USAID/Eritrea Approved 7/97	Investment Objective 1: **Increased use of sustainable, integrated primary health care (PHC) services by Eritreans** IR1.1: Access to integrated PHC services improved IR1.2: Client demand for PHC services enhanced IR1.3: Quality of PHC services improved
USAID/Ethiopia Approved 8/95	SO2: **Increased use of primary and preventive health care (PPHC) services** IR2.1: Increased resources dedicated to the health sector (particularly PPHC) IR2.2: Increased access to and demand for modern contraceptives in focus areas IR2.3: Enhanced capacity of Ethiopian society to expand access to and use of STI/HIV/AIDS services in response to the epidemic IR2.4: Increased use of integrated PPHC services in the Southern Nations, Nationalities, and Peoples Region
USAID/Ghana Approved 7/97	SO3: **Improved family health** IR3.1: Increased use of reproductive health services IR3.2: Increased use of selected child survival services

USAID/Guinea Approved 10/97	SO2: **Increased use of essential family planning/maternal/child health (FP/MCH) and STI/AIDS prevention services and practices** IR 2.1: Increased access to FP/MCH and STI/AIDS prevention services and products IR 2.2: Improved quality of FP/MCH and STI/AIDS prevention services and products IR 2.3: Increased behavior change and demand for FP/MCH and STI/AIDS services and products IR 2.4: More effective response among donors, government, community organizations, NGOs, and private sector in addressing critical health sector constraints
USAID/Kenya Approved 9/96	SO3: **Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services** IR3.1: Non-USAID financial resources for family planning, HIV/AIDS, and child survival increased IR3.2: Capacity of public and private health institutions to finance, plan, and manage resources increased IR3.3: Customer use of integrated family planning, HIV/AIDS, and child survival services increased
USAID/Madagascar Approved 7/98	SO2: **Smaller, healthier families** IR2.1: (Family Level) - Increased use of services and healthy behaviors IR2.2: (Community Level) - Increased community participation leading to improved health and food security IR2.3: (Health Center Level) - Increased access to quality health services IR2.4: (Institutional Level) - Increased capacity to plan and manage programs IR2.5: (Policy Level) - Improved policies, program advocacy, and decision making
USAID/Malawi Approved 3/00	SO3: **Behaviors adopted that reduce fertility and risk of HIV/AIDS transmission and improved child health** IR3.1: Social marketing, delivery of appropriate range of health products and methods expanded/consolidated IR3.2: Knowledge of good health/nutrition practices and own HIV status improved IR3.3: Community participation in health care, including orphans' care, increased in target communities IR3.4: Range and quality of health services for mothers and children under 5 expanded in target district

USAID/Mali Approved 9/95	SO1: **Improved social and economic behaviors among youth (0-24 years)** IR1.1: Improved child survival services (0-4 years) IR1.2: Improved basic education (5-15 years) IR1.3: Improved reproductive health behavior (10-24 years)
USAID/Mozambique Approved 10/95	SO3: **Increased use of essential maternal and child health and family planning services in focus area** IR3.1: Increased access to community-based services IR3.2: Increased demand for community-based services IR3.3: Strengthened policy and management of decentralized services
USAID/Nigeria Approved 9/99	SO4: **Increased use of family planning (FP), maternal and child health (MCH), child survival, sexually transmitted diseases, and HIV services and preventive measures within a supportive policy environment** IR4.1: Improved HIV/AIDS prevention and impact mitigation IR4.2: Increased voluntary use of FP IR4.3: Improved MCH practices
USAID/Rwanda Approved 4/97	SO2: **Increased use of sustainable health services in target areas** IR2.1: Increased availability of decentralized, quality primary health care (PHC) and STI/HIV services in target areas IR2.2: Improved knowledge and perceptions related to reproductive health, emphasizing STI/HIV, in target areas IR2.3: Enhanced sustainability of PHC services through improved financial accountability and improved health care financing IR2.4: Increased GOR capacity to provide basic social sector support
USAID/Senegal Approved 6/98	SO3: **Increased and sustainable use of reproductive health (CS, MH, FP, STI/AIDS) services in the context of decentralization in targeted areas** IR3.1: Improved access to quality reproductive health services IR3.2: Increased demand for quality reproductive health services IR3.3: Increased financing of health services from internal sources

USAID/South Africa Approved 3/00	SO3: **Increased use of primary health services and HIV/AIDS prevention/mitigation practices** IR3.1: Increased access to integrated primary health care (PHC) and HIV/AIDS, STD, and TB prevention and mitigation services and practices IR3.2: Increased demand for HIV/AIDS, STI, and TB prevention and mitigation services and practices IR3.3: Improved quality of integrated PHC, HIV/AIDS, STI, and TB services and practices IR3.4: Improved sustainability of district PHC system by adoption of lessons learned IR3.5: Improved enabling environment for mitigation strategies for HIV/AIDS, STI, and TB programs and services
USAID/Tanzania Approved 8/96	SO1: **Increased use of family planning/maternal and child health and HIV/AIDS preventive measures** IR1.1: Policy and legal environment improved IR1.2: Availability of quality services increased IR1.3: Demand for specific quality services increased
USAID/Uganda Approved 2/97	SO4: **Increased service utilization and changed behaviors related to reproductive/maternal/child health (RH/MCH) in selected districts** IR4.1: Increased availability of RH/MCH services IR4.2: Improved quality of RH/MCH services IR4.3: Enhanced sustainability of RH/MCH services IR4.4: Improved knowledge and perception related to RH/MCH
USAID/Zambia Approved 1/98	SO3: **Increased use of integrated child and reproductive health and HIV/AIDS interventions** IR3.1: Increased demand for population/health/nutrition (PHN) interventions among target groups IR3.2: Increased delivery of PHN interventions at community level IR3.3: Increased delivery of PHN interventions by the private sector IR3.4: Improved health worker performance in the delivery of PHN interventions IR3.5: Improved policies, planning, and support for the delivery of PHN interventions
USAID/Zimbabwe Approved 4/99	SO2: **HIV/AIDS crisis mitigated** IR2.1 Behavior change resulting from use of quality services with proven effectiveness to prevent HIV transmission and mitigate impact at the household level IR2.2 Enhanced capacity to conduct advocacy to prevent HIV transmission and mitigate impact at the national level IR2.3 Enhanced capacity to support community responses to children affected by HIV/AIDS

Regional Offices/ Programs	*Objectives and Results in the PHN Sector*
AFR/SD Approved 5/97	SO19: **Adoption of policies and strategies for increased sustainability, quality, efficiency, and equality of health services** IR19.1: Health financing and organizational reform IR19.2: Child survival and maternal health policies and strategies IR19.3: Enabling environment to design, manage, and evaluate health programs SO20: **Adoption of policies and strategies for increased sustainability and quality of family planning services** IR20.1: Improved policies and strategies to expand family planning programs are developed IR20.2: Enabling environment to design, implement, and evaluate family planning programs is improved SO21: **Adoption of cost-effective strategies to prevent the spread and mitigate the impact of HIV/AIDS** IR21.1: Develop, improve, and promote cost-effective strategies IR21.2: Improve enabling environment to design, manage, and evaluate HIV/AIDS programs SO24: **Polio eradicated in selected countries in manner that builds sustainable immunization programs** IR24.1: Strengthen partnerships to support the implementation of polio eradication and immunization/disease control programs IR24.2: Strengthen selected immunization support systems in the public and private sectors to achieve polio eradication IR24.3: Improve planning and implementation for supplemental polio immunization activities (including NIDs) IR24.4: Improve and integrate acute flaccid paralysis surveillance with surveillance for other infectious diseases IR24.5: Promote use of information for continuously improving the quality of polio eradication activities
FHA-WCA Approved 2/95	SO1: **Increased sustainable use of selected regional reproductive health, HIV/AIDS-STI, and child survival services and/or products in the WCA region** IR1.1: Increased access to and demand for quality reproductive health, HIV/STI, and child survival services and/or products in the WCA region IR1.2: Increased regional capacity for program development and implementation in the WCA region IR1.3: Increased collaborative use of resources available for health sector development of the WCA region

REDSO/ESA Approved 6/95	SO2: **Increased utilization of critical information by USAID and other decision makers in the region** IR2.1: Improved availability of regional information in priority development areas IR2.2: Improved models, approaches, and technologies for use in priority development areas IR2.3: Enhanced dissemination of critical regional development information IR2.4: Increased regional collaboration in addressing critical regional development issues IR2.5: Strengthened human and institutional capacity to generate, analyze, and use critical regional development information
Sahel Regional Program (SRP) Approved 1/95	SO3: **Decision makers have ready access to relevant information on food security, population, and the environment** IR3.1: Maintain and improve food security monitoring and disaster mitigation systems IR3.2: Support the development and application of an environmental planning and monitoring system to coordinate natural resources management interventions on a systematic basis in ecological contexts IR3.3: Population policies and action plans are based on analyses of demographic variables underlying regional population dynamics, including the determinants of fertility, mortality, and migratory trends and levels

Other Results and Activities

Other Results and Activities Reported
(as submitted in R4s 2002)

The following text contains illustrative highlights and key results from the PHN programs of the Missions and Regional Offices. The information is presented by the subheadings child survival, family planning, and HIV/AIDS/STI, and is organized around the concepts of use, access, quality, demand, and sustainability. A fourth category, cross-cutting results, presents important accomplishments in the quality and sustainability of programs that cannot be categorized under one subheading in particular.

Child Survival

Use

USAID/DR Congo. The national effort to immunize children against polio was a major success with approximately 90% of the 10 million targeted children immunized.

FHA-WCA. DHS findings indicate that levels of use of ORS to treat children with diarrhea in the four focus countries (Cote d'Ivoire, Cameroon, Burkina Faso, and Togo) have already exceeded the FY 2000 target of 19%. The aggregate use rate for 1999 was 21%.

USAID/Ghana. Preliminary service statistics show that immunization coverage of infants continues to increase and reached the target of 69% in 1999. During 1999, USAID supported the increase in immunization coverage rates with funding to expand the cold chain and to hold workshops for microplanning of immunization activities by each of the country's 110 districts.

USAID/Guinea. The Mission undertook micronutrient activities at the community level through a community-based nutrition activity known as "Hearth," which targets mothers of malnourished children under age 3 and teaches them how to help their children attain healthy weights. As a result of this intervention, mothers increased their knowledge about nutrition, and 82% of 133 participating children achieved healthy weight levels.

USAID/Mozambique. In 1999, nearly 4 million children were vaccinated during NID campaigns conducted by the MOH, with planning and logistical support provided by PVOs. For the first time, the 1999 NID campaigns also provided vitamin A supplements, reaching 97% of all children ages 6 months to 59 months.

A high number of first-time maternal and child health visits to MOH facilities took place, a result in part of increased community involvement facilitated by field-based organizations.

USAID/Nigeria. In 1999, house-to-house NID campaigns for polio eradication were successfully implemented. During rounds one and two of the campaigns, 34.2 million and 35.4 million children, respectively, were immunized against polio.

USAID/Senegal. Improved service delivery and information on the management of diarrheal disease resulted in increased ORS use. Use of ORS in children under age 5 increased by 62% during the 1996-1999 period. This achievement is attributed to refresher courses and awareness campaigns on diarrheal disease management.

USAID/Tanzania. Antenatal care attendance remains high with 92% of pregnant women attending two or more times.

USAID/Uganda. Exclusive breastfeeding increased from 19% in 1997 to 25% in 1999 due to successful IEC activities in this area.

A greater proportion of women delivered at health facilities (56% in 1999 compared to 48% in 1995). The percentage of pregnant women who received at least one antenatal visit (90%) remained high, and 72% continued to receive the minimum of three antenatal visits recommended by the MOH.

USAID/Zambia. Households in 70% of the target areas received integrated child health care services. During the NID campaign held in 34 districts, 96% of eligible children received oral polio vaccine. In urban districts, a measles vaccination coverage rate of 81% was achieved, and 84% of children under age 5 in all 72 districts received vitamin A supplements. The district health management teams, with approximately $500 seed money per district, initiated vitamin A distribution at the time of routine care visits and achieved results comparable to earlier, more costly campaign-style activities.

USAID supports community-based distribution of insecticide-treated bednets in six pilot sites. More than 12,000 nets have been distributed to Zambian households since 1998.

Access

USAID/Benin. The Mission supports community-based approaches to management and treatment of malaria and funds several activities that ensure the distribution of chloroquine in an integrated health package sold by CBD workers.

USAID/Eritrea. All salt produced by large-scale producers is now iodized. UNICEF, with USAID funding, distributed iodization equipment for small-scale producers in the Southern Red Sea Zone and has resolved distribution obstacles in the Northern Red Sea Zone. At this point, over 90% of all salt is iodized, and surveys show that iodine deficiency has been reduced from 82% to 25%.

USAID/Guinea. At the policy level, the MOH has lifted restrictions on price and sale locations of oral rehydration salts.

Currently, 73% of all Guinean sous-prefectures have a point of sale for FP and/or health products.

Quality

AFR/SD. Preliminary findings from a CDC/KEMRI-funded study of insecticide-treated bednet use in an area of intense perennial malaria transmission in Western Kenya indicate the benefits of the nets in reducing maternal anemia and mortality (15% reduction), preterm delivery (up to 40% reduction), and household spending to treat malaria in children (up to 40% reduction).

Ministers of Health of 42 African countries ratified the IMCI strategy and committed to use WHO/AFRO country funds for this purpose. Currently, 32 countries are implementing IMCI. More than 4,000 health workers have been trained in IMCI throughout Africa.

USAID/Benin. In 1999, following a joint effort by USAID, WHO, and UNICEF, the MOH officially adopted IMCI and selected USAID's target intervention zones as the pilot zones for IMCI implementation.

USAID/DR Congo. In an effort to improve the management of preventive health programs, the Kinshasa School of Public Health trained an additional 25 district and zone health personnel at the master's degree level. These staff were then assigned to rural areas.

USAID/Mozambique. The number of trained community volunteers rose 52% in 1999, exceeding the target for the second year in a row. In addition, the number of trained traditional birth attendants rose 59%.

Demand

USAID/Uganda. The knowledge of Ugandan mothers to exclusively breastfeed for 6 months increased from 26% (1997) to 43% (1999).

Sustainability

AFR/SD. Thirty-five of 36 countries now have national immunization plans and AFR/SD successfully lobbied WHO/AFRO to produce a new regional strategy for immunization to increase overall routine immunization coverage.

USAID/Benin. After arduous negotiations and persistent advocacy efforts of USAID/Benin and UNICEF, the MOH agreed to increase the price of ORS to help the social marketing program begin recovering costs in order to sustain product supplies.

Family Planning/Reproductive Health

Use

USAID/Benin. Condom sales increased 65% from 1998 and oral contraceptive sales exceeded targets by 42%. Depo-Provera was recently registered and will be added to the AIDSMark product mix this year.

USAID/Eritrea. In 1999, two-thirds of all health facilities with staff trained by SEATS showed increased CYPs and a net increase overall. These increases reflected USAID support for addressing unmet demand for contraception.

USAID/Ethiopia. CYPs increased 10% from FY 1998 as a result of the success of the USAID-supported PSI/DKT social marketing program.

FHA-WCA. All four FHA-assisted countries (Cote d'Ivoire, Cameroon, Togo, and Burkina Faso) are now poised to enter the "launch" phase (CPR of 8% to 15%) of FP programs, a significant achievement in the West African context.

USAID/Ghana. During 1999, the Planned Parenthood Association of Ghana (PPAG) achieved an overall increase in contraceptive distribution. The increase can be attributed to PPAG's implementation of the intensified community-based approach supported by USAID.

USAID/Kenya. Support of the family planning program ensured that the sustained decline in fertility continued. Since 1976, the TFR has fallen from 8.1 to 4.5, and 31.5% of married women are using contraception. Use of injectables doubled, and women's use of Norplant and voluntary surgical contraception also increased.

USAID/Madagascar. Key USAID results included an increase in modern contraceptive use, which reached 320,000 CYP in 1999. This reflects a CPR of 12.7% of married women.

USAID/Tanzania. CPR has increased to 15.3% for modern methods, exceeding planned figures. CYPs exceeded expectations by 59%. New users of family planning reached nearly 1.1 million.

USAID/Uganda. Since 1995, availability of FP services has doubled. The use of modern contraception has increased 1.5% annually, resulting in an overall CPR of 21.1%. Sales of injectables rose by 125%.

USAID/Zambia. The number of new FP acceptors more than doubled (from 66,000 to 152,000) in the last three years. Key activities included the training of health providers to provide better quality FP services, increased contraceptive choice and distribution, and expanded IEC campaigns and peer education programs.

USAID/Zimbabwe. Modern contraceptive use for married women has increased steadily in the last five years, from 42% in 1994 to 50% in 1999. In 1994, 12% of users obtained their supplies from the private sector. By 1999, this figure had increased to 17%, largely as a result of the USAID/DFID-cofinanced PROFAM activity that supplies low-priced contraceptives.

Access

AFR/SD. AFR/SD support has helped mobilize local mayors to provide reproductive health services to high-risk groups. By 1999, 14 African municipalities in seven countries were better able to plan, implement, and evaluate these services. The initiative trained 1,700 persons in clinical FP services, 100 community-based peer educators in outreach, and 400 community leaders in advocacy.

FHA-WCA. Since 1995, FHA-WCA support for capacity-building and donor-coordination activities has reached as many as 20 countries in the region. Key partnerships have been established in Mali, Senegal, Benin, and the Democratic Republic of the Congo. FP and HIV/AIDS prevention activities and integrated IEC campaigns are now shared across the region as partners recognize proven successful approaches and the value added from regional networking.

USAID/Malawi. Accessibility to the full range of FP services increased. Twenty-eight hospitals across the country are now providing comprehensive services.

USAID/Mali. Access to FP services increased to 43.8%, exceeding the target of 38%.

USAID/Mozambique. During 1999, the expansion of FP services exceeded expectations. By the end of the year, 150 health posts in the focus area were providing FP services, up from a 1997 baseline of zero and nearly double the 1998 figure.

USAID/Nigeria. The FP project continues to make progress in increasing the number of FP sites in Nigeria's 14 states (out of 36) where modern contraceptives are available. The number of community-based distributors increased 14% from FY 1998, and the number of sites offering clinical services increased 27% from 44 in 1998 to 56 in 1999.

USAID/Zimbabwe. Zimbabwe's commodity distribution system is faced with severe challenges. Steady progress has been maintained, however, with USAID working closely with the Government of Zimbabwe, DFID, and the European Union to improve the logistics system.

Quality

USAID/Benin. Information gathered through a participatory assessment supported by PROSAF, USAID's bilateral family health activity, served as the basis for developing a regional training system that will prioritize training for areas in which health workers are weakest.

FHA-WCA. During FY 1999, the program reinforced 13 clinical training sites in the four program countries, focusing on provider training, facility renovation, provision of service delivery equipment, and community mobilization campaigns to build the client base. FHA-WCA support continued to improve the quality of reproductive health care through the Gold Circle initiative, which now has 42 Gold Circle quality sites. The Government of Burkina Faso has considered scaling up this successful program to all its FP sites.

USAID/Mali. Peer education programs emphasizing reproductive health are multiplying. The Government has expanded the target age range for these programs to ages 10 to 24 in order to include vulnerable groups such as adolescents and young adults. This expansion has been an important change--in 1999, USAID supported the training of over 2,500 peer educators, and 760 peer educators reached 100,000 youth with reproductive health information.

USAID/Senegal. Emphasis on rural FP service delivery has reduced the rural-urban gap and "men as partners" activities have increased FP acceptance by men.

USAID/Tanzania. Training of health workers in integrated reproductive health was successfully retargeted to the rural health facilities that had demonstrated the largest need. This change led to a significant increase in the percentage of government facilities with one trained service provider from 59% in 1996 to 72% in 1999.

USAID/Uganda. The number of nurses and midwives trained to provide integrated RH/MCH services increased by 50%, bringing the total trained to 936.

Demand

USAID/Ethiopia. Through a project subgranted to the Ethiopian Evangelical Church, knowledge of at least one modern contraceptive reached 90% in the focus area, compared to the national average of 63%.

USAID/Uganda. USAID's IEC activities continue to be recognized as some of the most effective and successful activities in Uganda for increasing knowledge of RH/MCH and HIV/AIDS. Since 1997, the proportion of women in USAID-supported districts who know a source of FP has increased by 8%. In 1999, 18% of women could name at least three significant signs of a complicated pregnancy, up from 13% (1997). In addition, more women report coming earlier for their first antenatal visit.

Sustainability

AFR/SD. In 1999, a seminal document, *Issues in the Financing of Family Planning in Sub-Saharan Africa*, and related policy briefs were published in English and French. The report is the first to analyze the available research and data on this topic in order to recommend policies, strategies, and additional research needed to develop sustainable programs.

In 1999, the Regional Logistics Initiative (RLI), cofunded by REDSO/ESA and AFR/SD, achieved impressive results in 1) improved capacity in logistics and procurement systems; 2) integrated FP/RH logistics and procurement systems; 3) increased advocacy for logistics and procurement policies; and 4) accelerated documentation and dissemination of better logistics and procurement practices. RLI has leveraged nearly $1 million to help countries improve logistics systems.

FHA-WCA. To strengthen the capacity of national trainers in integrated IEC, training-of-trainers sessions were held in Togo, Cameroon, and Cote d'Ivoire, covering messages about FP, HIV/AIDS, and effective ways to transmit information to clinic attendees and communities.

FHA continues to support the development of technical experts and regional and national partners in the public and private sectors. In FY 1999, the project continued to rely on African expertise for program support, using 270 African consultant-weeks and exceeding the target by 35%.

USAID/Kenya. USAID's leadership in policy formulation led to the successful use of results from the third Kenya DHS at various levels in MOH program planning. For instance, the Health Sector Strategic Plan and the recently launched Action Plan for the Elimination of Female Genital Mutilation use DHS data. A service provision assessment survey was carried out in FY 1999 to provide supply-side information to augment DHS results.

HIV/AIDS/STI

Use/Behavior

USAID/Malawi. Demand/use of voluntary counseling and testing (VCT) has increased considerably. The local NGO, Macro, served 5,663 clients in 1999, a 62% increase from 3,497 clients in 1998.

USAID/Tanzania. The percentage of Tanzanians who reported using a condom during the last sexual encounter with a nonregular partner rose from 15% to 23% for women and 26% to 32% for men.

USAID/Uganda. In USAID-supported districts, the percentage of men and women who mentioned using condoms as a way to prevent infection increased to 62% and 76%, respectively, and 71% of men reported using a condom with a nonregular partner during the most recent sex act. Rates of ever-use of condoms for HIV prevention increased to 44% for men and 20% for women, and the proportion of men and women who had ever tested for HIV increased to 21% and 15%, respectively.

USAID/Zambia. There was a significant decline in reported casual sex from 17% to 11% between 1996 and 1999. There was also a significant increase from 36% to 48% in condom use with regular sex partners.

USAID/Zimbabwe. The first of six VCT centers was opened in September 1999. By December, over 2,000 clients had been counseled and tested.

Access

USAID/Eritrea. Condom sales in the USAID-supported HIV/AIDS prevention social marketing project greatly exceeded targets. The project, operated by PSI and the National Union of Eritrean Youth and Students, sells condoms in 11 pharmacies and nearly 500 other locations, including bars and restaurants, shops, and hotels. The number of sales outlets has nearly tripled since December 1998, and the project ranks highly in terms of per capita sales.

USAID/South Africa. Access to HIV/AIDS counseling increased from 70% in 1998 to 87% in 1999.

USAID/Uganda. The number of sites providing HIV counseling and testing has significantly increased from three sites in 1996 to 33 sites in 1999. More than 46,000 clients were served in 1999 alone.

The USAID-supported AIDS Support Organization, the largest service provider for HIV-positive Ugandans, has provided almost 25,000 counseling sessions to date, including 4,000 new HIV-positive clients served in 1999.

USAID/Zimbabwe. The condom social marketing activity sold 8.2 million condoms in 1999, more than double the 4 million target figure.

Six VCT centers were opened in 1999. Three more will be opened by the end of the first quarter of 2000, making VCT accessible and affordable to a significant number of Zimbabweans.

Quality

AFR/SD. The MEASURE project developed a monitoring and evaluation guide for assessing HIV/AIDS-related trends and the impact of HIV/AIDS. The first of its kind, the guide has been discussed and agreed to by most of the major agencies and countries. USAID, WHO, and other agencies are using the guide to develop a prototype monitoring and evaluation system in Malawi, Burkina Faso, and Tanzania.

Preliminary findings from a USAID-funded CDC/KEMRI analysis of the interaction between malaria and HIV during pregnancy will help physicians and others make better-informed decisions about how to reduce the risks of vertical transmission of HIV and provide early and effective treatment for children.

USAID/Ghana. Throughout 1999, the computerized AIDS impact model has been used to effectively advocate for an intensified response among parliamentarians, government ministries, religious groups, and local leaders.

Over 200 medical practitioners were trained in STD management.

USAID/Nigeria. Linkages have been established with 38 collaborating health care facilities. Over 90 outreach hospital and clinic workers were trained in pretest and posttest techniques and in providing home-based supportive counseling for persons living with HIV/AIDS and persons affected by AIDS.

USAID/Rwanda. The IMPACT project continued to improve the quality of service delivery by strengthening the capacity of regional and health district teams to integrate and implement STI/HIV clinical and education services. A recent evaluation of STI case management estimated that 84% of cases presenting at health centers were now being correctly diagnosed and managed according to MOH treatment protocols, compared to 67% in 1997.

USAID/Uganda. Surveys indicate that clients in USAID-supported districts are significantly more likely to receive counseling on HIV/AIDS than non-USAID-supported districts.

Recent studies indicate that perception of quality is the number-one determinant of seeking health care in Uganda.

USAID/Zimbabwe. Fifteen NGOs that focus on HIV/AIDS now operate more effectively through improved strategic management training, networking, and peer-to-peer mentoring. These results were achieved through creative networking and exchange visits. Exchange visits helped 558 community leaders improve their understanding of the mission and vision of the NGOs.

In November 1999, the National AIDS Coordination Program, with the help of the USAID-funded Futures Group, conducted the first in a series of advocacy training workshops to disseminate the recently introduced AIDS policy document.

Demand

USAID/DR Congo. Data on condom sales for the prevention of HIV indicate that planned sales of 5 million were exceeded by 60%. Sales totaled 8,422,488, an amount limited only by the number of condoms available.

USAID/Ghana. During 1999, lottery ticket sellers, hairdressers, chemical sellers, and others sold approximately 50,000 condoms in mining communities.

USAID/Guinea. IEC activities resulted in increased knowledge of the use of condoms to prevent HIV/AIDS. Between 1992 and 1999, the percentage of women aged 15 to 49 reporting this knowledge more than tripled from 7.6% to 23.2%.

USAID/Nigeria. Condom sales exceeded the target of 55 million by 3 million.

USAID/Senegal. Knowledge of appropriate means to prevent HIV/AIDS transmission has increased among the general population, with 49.8% of men and 30.5% of women aged 15 to 49 citing condoms as a means to prevent AIDS. These figures represent an 11% increase for men and a 3% increase for women from 1998 to 1999.

USAID/South Africa. Increased demand for prevention and mitigation of HIV/AIDS is evidenced by the USAID-funded AIDS toll-free helpline. This is a major attempt to improve knowledge and behavior change. There has been a significant shift in the number and types of questions handled by the helpline. Previously, questions were of a superficial nature. Now they are increasingly about care, counseling, testing, and management.

USAID/Tanzania. Through reorganization and a new marketing strategy, the social marketing program achieved a 64% increase in sales of male condoms to retail outlets. These sales increased from 11 million to 18.1 million.

Sustainability

AFR/SD. Family Health International completed an assessment of HIV/AIDS programs involving three countries--South Africa, Zimbabwe, and Zambia--along the Durban-Lusaka corridor. Based on this assessment, a comprehensive package of interventions to reduce HIV and STD transmission is being designed.

USAID/Benin. The POLICY project's dissemination of the AIDS impact model to decision makers, opinion leaders, and journalists throughout the country raised the profile of the AIDS problem and led to the development of regional HIV/AIDS action plans.

USAID/Eritrea. HIV/AIDS prevention has been discussed in the cabinet and parliament as a national focus for 2000-2001. There have been two meetings of all line ministers concerned with HIV/AIDS.

USAID/Ghana. USAID involvement has resulted in increased political commitment at the highest level and has begun to generate a multisectoral response to the epidemic. USAID also supported the Government with technical assistance to develop a draft national HIV/AIDS strategy.

USAID/Kenya. Results of the Kenya DHS were used at various levels in policy formulation and MOH program planning.

USAID/Malawi. The President of Malawi gathered political, religious, and business leaders together to personally launch the new five-year strategic plan. He called for concerted action to reduce the transmission of HIV/AIDS.

USAID/Rwanda. USAID continued a focused IEC campaign in its four target regions to change high-risk behavior related to STI/HIV. The program is using both traditional and nontraditional communication channels, including church networks, administrative officials, youth groups, sports teams, and a range of women's associations.

USAID/South Africa. USAID assisted the Department of Education in identifying and hiring an HIV/AIDS advisor to the Minister. USAID also funded six small seed grants to community-based organizations that focus on areas such as microenterprise, skills building, community advocacy, and literacy, to incorporate HIV/AIDS-related efforts in their activities.

USAID/Tanzania. USAID's interventions led to an improved policy environment and strengthened national leadership for HIV prevention. USAID coordinated the launch of the Government's third Five-year Plan for HIV/AIDS, hosted by the Prime Minister and the former President, who is chairman of the National AIDS Committee.

USAID/Zimbabwe. A major breakthrough--the launch of the USAID-funded National AIDS Policy by President Mugabe on World AIDS Day--was achieved. The policy launch took place after two-and-a-half years of consultations involving more than 6,000 people and 84 meetings at the national, provincial, district, and sectoral levels.

In its 1999 budget statement, the Government effected its first "AIDS Levy," a 3% tax on taxable earned income to finance HIV/AIDS-related activities.

The Parliament approved the establishment of a National AIDS Council to facilitate a multisectoral GOZ approach to tackling HIV/AIDS.

Cross-cutting Results:

Child Survival-Family Planning/ Reproductive Health-HIV/AIDS/STI

Quality

AFR/SD. The malaria research agenda made major strides in 1999. Those projects that had finished, such as the bednet trial in Western Kenya and the studies of treatment seeking carried out by the Special Program for Research and Training in Tropical Diseases (TDR), moved into the dissemination phase. With the SARA project, AFR/SD produced and disseminated six basic documents about the research. New research has begun on combination therapy for malaria, jointly supported by AFR/SD, G/PHN, CDC, TDR, the London School of Hygiene and Tropical Medicine, and local research partners in Tanzania.

During 1999, AFR/SD also established an important cross-disciplinary electronic network that brings together malaria and maternal health experts and programs to share technical information, program developments, and research findings over a wide area. The placental malaria network is working on advocacy materials and also gives technical backstopping to USAID projects in Burkina Faso, Tanzania, Zambia, and Kenya.

USAID/Eritrea. MOH staff took the initiative with limited resources and instituted the recommendations from a 1996 technical assessment made by consultants from the FPLM project. In 1999, when the consultants returned and examined basic availability at different levels, they found 85% availability of 10 essential pharmaceuticals.

USAID/Ethiopia. USAID provides national technical support to the malaria surveillance system as part of the revised health management information system in the Southern Nations, Nationalities, and Peoples Region.

USAID/Rwanda. An effort that has won customer appreciation for USAID is the Quality Assurance Project, which has succeeded in improving the organizational approach to service quality at the Central Kigali Hospital and smaller health centers. Plans are underway for MOH to replicate this success by institutionalizing the quality improvement approach and applying it to other health centers and hospitals in Rwanda in FY 2000.

USAID/Senegal. Results from a pilot program in health financing have been very positive in identifying innovative mechanisms for increasing community ownership of all health activities. In 1999, local contributions in the form of tax revenues represented 8.7% of the operating budgets at the health district level. In fact, the actual contribution of local tax revenues increased by 39% from 1998 to 1999. This significant increase is a direct outcome of the pilot program and is consistent with requirements of new decentralization laws.

USAID/South Africa. The quality of services improved in 1999, with significant gains in the availability of the seven essential drugs from 43% in 1998 to 91% in 1999. Management of critical health conditions also improved, as evidenced by the increase in the syndromic management of STDs from 56% to 70%.

USAID is funding the expansion of tuberculosis treatment by training staff in Directly Observed Treatment, Short Course (DOTS) therapy. At the request of the National Tuberculosis Program, the mission will expand support to reduce and manage multidrug-resistant tuberculosis.

USAID/Uganda. A greater proportion of trained health staff continued to perform to standard (80% in 1999 compared to 66% in 1998), indicating an increase in technical competence and provision of quality services as well as improved interpersonal relations and counseling of clients.

Sustainability

AFR/SD. With AFR/SD support, the BASICS project published *Guidelines for Achieving Equity: Ensuring Access of the Poor to Health Services Under User Fee Systems*. This cutting-edge guide, based on case studies in five countries, gives practical guidelines for setting equitable user fee exemption systems for the poor. It was distributed throughout Africa, and Guinea and Mali are now testing innovative equity strategies.

AFR/SD supported development of a network in eastern and southern Africa to promote National Health Accounts (NHA). Via workshops and technical assistance, eight countries in the region are proceeding with their own NHA studies.

AFR/SD supports African regional capacity in malaria and surveillance/epidemic response programs, most especially through WHO/AFRO with the support of the CDC. CDC and WHO/AFRO are working with national governments and intercountry teams on national plans for IDS/EPR systems. To date, eight countries have developed national IDS/EPR plans of action. The next step is the finalization of IDS/EPR technical guidelines and tools to help countries implement their plans of action. USAID also supports the strengthened role of WHO/AFRO to support countries in both IMCI and malaria activities.

USAID/Ethiopia. The national budget allocated to the health sector in 1999 nearly met its target and was maintained at the same level as FY 1998 in spite of the major increase in defense spending to support the conflict with Eritrea. The Government has raised the level of public resources allocated to primary and preventive health care by an annual average of 11% over the past three years.

USAID/Kenya. The Government of Kenya cost-sharing program, assisted by USAID, generated $10 million, up 15% from FY 1998, and exceeded its target.

USAID/Malawi. Under the program established by the district health teams, over 400 communities (more than double the targeted number of 200) are now administering drug-revolving funds that assure an immediate supply of malaria medications and oral rehydration salts to children living in rural villages.

USAID/REDSO/ESA. REDSO's health networks showed several successes. The number of databases in priority development areas increased to 32 in 1999, exceeding the program target of 29. A database of over 1,000 network members was established at the new Regional Center for Quality of Health Care at Makerere University, Uganda, to facilitate dissemination of information and support fundraising efforts and the Center's consulting needs.

USAID/Rwanda. The USAID-financed pilot prepaid health program has enrolled over 67,000 subscribers since August 1999, with 17,000 enrolling during February 2000 alone. The program is now progressing upward on a steep slope of increasing subscribers. The MOH is very committed to expanding this program nationwide and is working with USAID and Partnerships for Health Reform to develop an effective strategy for expansion.

USAID/South Africa. The sustainability of primary health care systems received a major boost this year. The Department of Health of Mpumalanga Province requested, and the Director General of Health concurred, that a major expansion of the Equity Project take place, and over 300 health clinics have already been identified for improvements.

USAID/Zambia. USAID launched an innovative sector-wide assistance program that provides resources, based on performance, in expanding community-level health services. Through this program, USAID is providing direct financial support to the district health system. Policy and technical changes focused directly on strengthening financial management systems and the health management information system, and three of four performance milestones were met.

Indicators in the PHN Sector

(as submitted in R4s 2002)

USAID Mission	*Indicators reported in R4s 2002*
Benin	• Sales of socially marketed products (condoms, ORS packets, oral contraceptives, insecticide-treated nets, retreatment kits, and injectables) • Policy Environment Score (PES) for family planning and HIV/AIDS • % of the population in the Borgou living within 5 km of a health facility offering an integrated package of family health services • Number of distribution points for socially marketed products
Democratic Republic of the Congo	• % of children under age 5 vaccinated countrywide for polio • % of children in USAID focus areas age 12 months to 23 months vaccinated for measles • Sales of socially marketed condoms • % of the general population reporting consistent condom use with nonregular sex partners in the last four weeks
Eritrea	• % of children age 12 months to 23 months fully vaccinated • Couple-years of protection • % of delivery points in three target zones where IMCI is utilized • % of targeted health facilities reporting an increase in family planning clients • % of health facilities in six zones utilizing new HMIS forms and registers
Ethiopia	• % of total government budget allocated to (i) the health sector and (ii) primary and preventive health care • Couple-years of protection generated • % change in the policy environment for HIV/AIDS, as measured by the Policy Environment Score (PES) • % of men age 15 to 49 reporting the use of a condom during the most recent act of sexual intercourse with a nonregular sex partner
Ghana	• HIV prevalence • Couple-years of protection (USAID implementing agencies) • Number of condoms sold or distributed free of charge • % of children (age 12 months to 23 months) who received DPT3 by their first birthday
Guinea	• Modern contraceptive prevalence rate • Couple-years of protection • % of sous-prefectures that have a point of sale for family planning and/or health products • % of children under age 5 in project area with diarrhea in the past two weeks who were treated with ORS

Kenya	• Total fertility rate • Total collections (in millions) of cost sharing as reported by government facilities to the National Health Care Financing Secretariat • National couple-years of protection increased • Average number of TRUST condoms sold monthly through the social marketing program
Madagascar	• Couple-years of protection provided by contraceptive methods • Number of clinical sites providing family planning services nationwide • Number of condoms sold through social marketing program • % of children receiving three doses of DPT3 • Contraceptive prevalence rate for modern methods, women in union 15 to 49 years
Malawi	• Couple-years of protection • Number of condoms sold to wholesalers and retailers annually • Number of Ministry of Health and Population (MOHP) and Christian Health Association of Malawi (CHAM) hospitals providing comprehensive family planning services, including ML/LA • Number of (i) villages with drug-revolving funds and (ii) drug-revolving fund volunteers
Mali	• Couple-years of protection for modern methods, women of reproductive age • % of population within 15 km of a child survival service delivery point in PVO intervention geographic areas
Mozambique	• Number of communities in the focus area that receive either (i) outreach services from a fixed facility or (ii) services from community-based volunteers • Number of first-time maternal (antenatal) or child (growth monitoring) visits to MOH facilities in the preceding 12 months • Number of health posts (not health centers or hospitals) in focus area equipped and staffed to provide family planning services • Number of condoms (in millions) sold through commercial channels (market kiosks, shops, bars, etc.)
Nigeria	• Couple-years of protection • % of women age 15 to 49 knowledgeable of at least one modern method of family planning • Measles vaccination coverage among children under age 1 (USAID focus areas) • % of children with fever receiving antimalarial drugs (USAID focus areas) • % of children exclusively breastfed for the first 6 months of life (USAID focus areas) • % of men and women knowledgeable of HIV/AIDS transmission
Rwanda	• % of target group reporting condom use in most recent sex act with nonregular partner • % of population enrolled in prepayment schemes • % of health centers meeting functional requirements (as defined by established criteria) in STI service delivery in target areas • % of target group citing at least three effective means of protecting themselves from HIV infection

Senegal	• % of women receiving at least three prenatal consultations in USAID intervention zones • % of diarrhea cases in children under age 5 treated with ORS in USAID intervention zones • % of men/women in USAID intervention zones who cite condoms as a means to prevent AIDS transmission • % of local governments' contribution to the annual operating budget of health districts
South Africa	• % of clinics in the Eastern Cape that routinely have available HIV counseling and testing • % of women giving birth in health facilities that have had at least three antenatal care visits • % of clinics that have condoms easily available • % of clinics that routinely have available at least seven of 10 essential drugs
Tanzania	• Contraceptive prevalence rate for modern methods, all women • % of service delivery points surveyed with at least one trained FP/RH provider • % of infants less than 6 months of age exclusively breastfed • Number of social marketing condoms distributed to wholesale outlets
Uganda	• Couple-years of protection distributed in target districts • Couple-years of protection distributed through social marketing in target districts • Annual number of antenatal visits in target facilities • HIV/AIDS prevalence
Zambia	• Number of new family planning acceptors in selected catchment areas • Number of products sold, disaggregated by condoms, Safe Plan, insecticide-treated mosquito bednets, and Chlorin • % of children age 6 months to 72 months who received one dose of vitamin A supplementation in the past 12 months • % of children who have been fully vaccinated by 12 months of age
Zimbabwe	• Total fertility rate • Number of condoms (in millions) sold through the social marketing program • Number of clients tested and counseled for HIV/AIDS at USAID-funded voluntary counseling and testing sites • Contraceptive prevalence rate

Regional Offices/ Programs		*Indicators reported in R4s 2002*
AFR/SD	SO 19	• Cumulative number of countries that have action plans to improve IMCI in health facilities • Cumulative number of countries with national malaria control plans compliant with regional malaria control strategy • Cumulative number of countries with nutrition activities integrated into mission programs • Cumulative number of countries with essential obstetric care (EOC) activities integrated into mission programs • Cumulative number of countries with multiyear national plans that follow WHO EPI standards
	SO 20	• Cumulative number of programs that have incorporated adolescent RH strategies • Cumulative number of programs that have adopted male involvement strategies incorporated into local programs • Cumulative number of promotional events for new advocacy approaches • Cumulative number of municipalities and districts with strategies for FP/RH urban programs • Cumulative number of integrated strategies for STI/HIV/AIDS services integrated into other existing program • Cumulative number of programs with strategy improvements in national and subnational procurement and logistics systems
	SO 21	• Number of countries that have evaluated, via internal or external individuals, groups, and/or institutions, their approaches for preventing HIV/STI transmission • Number of AFR/SD-funded HIV/AIDS activities that include management or technical capacity building • Number of AFR/SD-funded HIV/AIDS activities codesigned with other U.S. agencies or international organizations
	SO 22	• Number of countries with established IDS/EPR plans of action
	SO 24	• Number of countries with DPT3 and OPV3 coverage greater than 80% • Number of countries reporting zero cases of polio • Number of countries with nonpolio-AFP rate of 1/100,000 in children 0 to 59 months of age
FHA-WCA		• Couple-years of protection • Number of social marketing condoms distributed (Burkina Faso, Cameroon, Cote d'Ivoire, and Togo) • Number of ORS packets distributed (Burkina Faso, Cameroon, Cote d'Ivoire, and Togo) • Number of technical-consultant-weeks provided by regionally based African consultants

REDSO/ESA	• Number of appropriate databases in priority development areas • Number of stakeholders collaborating to address critical regional development issues • Number of institutions with strengthened human and organizational capacity to generate, analyze, and use critical regional development information
Sahel Regional Program (SRP)	• Progress toward regionwide use of consistent information in policy and program development

Child Survival Indicators (as submitted in R4s 2002)

Mission / regional unit	Status			Service Use / Behavior						Access / Availability			Quality		
				Vaccination coverage											
	IMR	U5 MR	Nut. status	Childhood	Maternal	ORT	Breast-feeding	ANC/ Delivery	Other use/ behavior	Water and sanitation	Other health inputs	SDPs	Provider perfor-mance	Systems strength-ening	Financial resources
Benin									SO			IR			
DR Congo				IR											
Eritrea				SO								IR	IR		
Ethiopia														IR	
Ghana				IR											
Guinea															
Kenya															
Madagascar				IR											
Malawi															
Mali												IR			
Mozambique								IR	IR						
Nigeria				IR					IR						
Rwanda															
Senegal						SO								SO	
South Africa													IR		
Tanzania							SO								
Uganda								SO							
Zambia				SO					SO						
Zimbabwe															
AFR/SD				SO				SO	SO					SO	
FHA-WCA						IR									
REDSO/ESA														IR	
SRP (Sahel)															

IMR = Infant Mortality Rate; U5MR = Under-Five Mortality Rate; ORT = Oral Rehydration Therapy; SO = Strategic Objective; IR = Intermediate Res

SDP=Service Delivery Point

Service Use/Behavior: **Vaccination Coverage**

Region/Mission	Level	Indicator		1995	1996	1997	1998	1999
DRC	IR	Measles vaccination coverage rate						19%
Eritrea	SO	Immunization coverage rate (FVR)		41%		55%	60.8%	56%
Ghana	IR	Full immunization of children (DPT3, 12-23 mos)		52%	51%	60%	67%	69%
Madagascar	IR	Percentage of children receiving (DPT3, 12-23 mos)	48% (1992)			48%		36%
Nigeria	IR	Measles vaccination coverage among children under age one (USAID focus areas)		34%	41%	40%	42%	30%
Zambia	SO	Vaccination coverage rate	55% (1992)		67%	72%	77.7%	63%

Service Use/Behavior: **ORT**

Region/Mission	Level	Indicator		1995	1996	1997	1998	1999
Benin	IR	Sales of ORS social marketing products			1.3	1.7	1.8	.69
Guinea	SO	Use of ORS for treating child diarrhea	24.5% (1992)					35%
Senegal	SO	Proportion of diarrhea cases in children under age 5 treated with ORS in USAID zones			10%			16.2%
FHA-WCA	IR	Number of ORS packets distributed (Burkina Faso, Cameroon, Cote d'Ivoire, Togo) (in millions)			1.1	2.3	1.1	2.6

Service Use/Behavior: **Other Use/Behavior**

Region/Mission	Level	Indicator	1994	1995	1996	1997	1998	1999
Mozambique	IR	Number of first-time antenatal or growth monitoring visits	344,000	382,000	432,000	947,000	386,000	620,000
Zambia	SO	Percentage of children receiving one dose of vitamin A in past year (6-23 mos)				65%	92%	84%
		Number of products sold (insecticide-treated mosquito bed nets)					2,238	12,097
AFR/SD	SO	Number of countries that have incorporated nutrition interventions into integrated child survival programs				1	9	13

Family Planning Indicators (as submitted in R4s 2002)

Mission / regional unit	Status	Service Use / Behavior			Access / Availability		Quality		Sustainability			
	TFR	CPR	CYP	New acceptors/ clients	CSM	SDPs	Provider performance	Systems strengthening	Financial resources	Policies/ programs	Technology/ use of data	Desire limit/spa
Benin					SO	IR				IR		
DR Congo					IR							
Eritrea			IR	IR				IR				
Ethiopia			IR						IR			
Ghana			IR		IR							
Guinea		SO	SO		IR	IR						
Kenya	SO		IR		IR				IR			
Madagascar		SO	IR		IR	IR						
Malawi			SO		IR	IR			IR			
Mali			SO			IR						
Mozambique					IR	IR						
Nigeria			SO									
Rwanda												
Senegal									IR			
South Africa							IR	IR				
Tanzania		SO			IR	IR						
Uganda			SO		SO							
Zambia				IR	IR					IR		
Zimbabwe	SO	SO			SO							
AFR/SD										SO		
FHA-WCA										IR		
REDSO/ESA								IR			IR	
SRP (Sahel)										SO		

TFR=Total Fertility Rate; CPR=Contraceptive Prevalence Rate; CYP=Couple-years of Protection; CSM=Contraceptive Social Marketing; SDPs=Service D

SO=Strategic Objective; IR=Intermediate Result

Status: Total Fertility Rate

Region/Mission	Level	Indicator				1994	1995	1996	1997	1998	1999
Kenya	SO	TFR	7.7 (1983)	6.7 (1984)	5.4 (1991)				4.7	4.3	4.5
Zimbabwe	SO	TFR	6.5 (1984)	5.5 (1986)	4.29 (1991)						4.0

Service Use/Behavior: Contraceptive Prevalence Rate

Region/Mission	Level	Indicator		1994	1995	1996	1997	1998	1999
Guinea	SO	CPR (modern methods, all women)	1.0% (1992)				7%	2.4%	4.2%
Madagascar	SO	CPR (modern methods, married women)	5.1% (1992)				9.7%		12.7%
Tanzania	SO	CPR (modern methods, all women)	6.0% (1992)	11.3%		11.7%			15.3%
Zimbabwe	SO	CPR (modern methods, MWRA)	26.6% (1984)	42.2%					50.5%

Service Use/Behavior: Couple-years of Protection

Region/Mission	Level	Indicator			1994	1995	1996	1997	1998	1999
Eritrea	IR	CYP					5,900	8,076	7,247	8,014
Ethiopia	IR	CYP				105,000	214,000	244,567	364,362	400,682
Ghana	IR	CYP			416,000	505,000	479,000	483,000	596,000	593,000
Guinea	SO	CYP	12,807(1992)		18,550	39,000	43,219	38,909	44,907	70,045
Kenya	IR	CYP (in millions)			1.4			1.9	2.0	2.29
Madagascar	IR	CYP			72,000		170,000	240,000	290,000	320,000
Malawi	SO	CYP						190,306	242,188	309,298
Mali	SO	CYP				118,506	120,748	135,870	153,453	190,543
Nigeria	SO	CYP	12,508 (1991)	47,004 (1992)	894,756	1,058,092	792,597	699,954	754,386	805,835
Uganda	SO	CYP					31,691	35,427	36,892	26,163
	SO	CYP (sold in CSM programs)					44,000	87,751	89,563	97,406
FHA-WCA	IR	CYP					398,000	468,241	570,676	648,845

HIV/AIDS/STD Prevention and Mitigation Indicators (as submitted in R4s 2002)

Mission / regional unit	Status	Service Use/Behavior		Access/Availability			Quality		Sustainability		
	HIV prevalence	Condom use	Treatment of STDs	Condom supply	SDPs	No. of cases treated	Provider perfor-mance	Systems strength-ening	Policies/ programs	Tech-nology/use of data	Knowle of HIV/
Benin				SO	IR				IR		
DR Congo		IR									
Eritrea											
Ethiopia		IR							IR		
Ghana	IR			IR							
Guinea					IR						
Kenya				IR							
Madagascar				IR							
Malawi				IR	IR						
Mali											
Mozambique				IR							
Nigeria							IR				IR
Rwanda		SO					IR	SO			
Senegal											
South Africa					IR		IR	IR			
Tanzania				IR							
Uganda	SO										
Zambia				IR							

Status: HIV Prevalence

Region/Mission	Level	Indicator	1994	1995	1996	1997	1998	1999
Ghana	IR	HIV prevalence	2.4	1-4	1-4	1-4	4.6	4.6 (est)
Uganda	SO	HIV prevalence among antenatal clients (15-19 yrs)	13.2		8.7	8.3	6.6	N/A
	SO	HIV prevalence among antenatal clients (15-19 yrs) in MOH surveillance sites	19.5		17.3	14.6	13.7	N/A

Service Use/Behavior: Condom Use

Region/Mission	Level	Indicator	1993	1994	1995	1996	1998	1999
DR Congo	IR	Consistent condom use with nonregular sex partners (past 4 weeks)						(15-19) 9.8% (20-24) 9.0% (25+) 3.0%
Ethiopia	IR	Reported condom use with nonregular sex partners (men)						47.5%
Rwanda	SO	Percent of target group reporting condom use during most recent sex act with nonregular sex partner					Men 42% Women 27%	

Access/Availability: Condom Supply

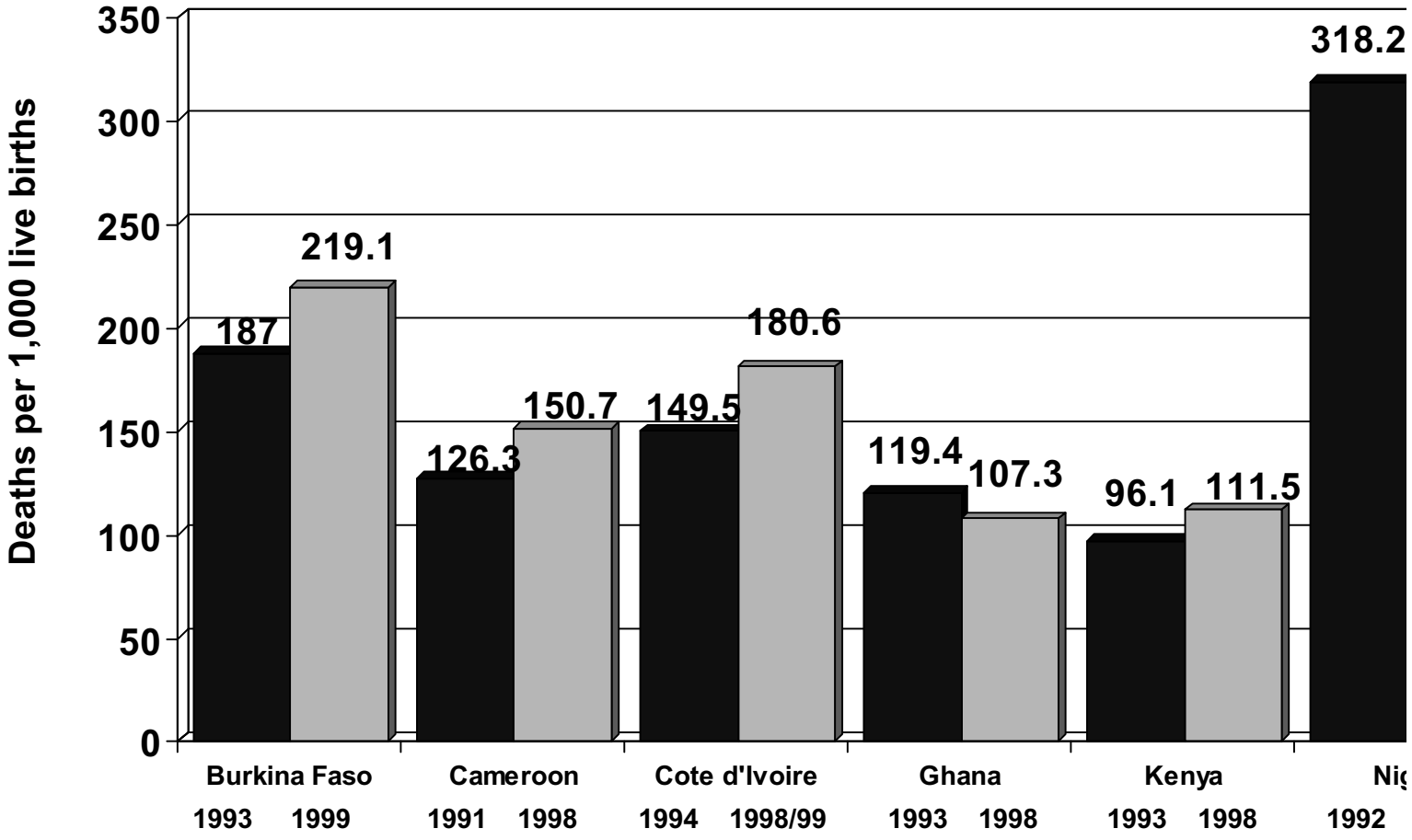
Region/Mission	Level	Indicator	1993	1994	1995	1996	1997	1998	1999
Benin	SO	Sales of social marketing products - condoms (millions)				2.3	2.9	3.8	6.2
Ghana	IR	Condoms sold (millions)	4.3				7.8	10.2	9.5
Kenya	IR	Condoms sold (thousands)		200		380	652	857	1,013
Madagascar	IR	Condoms sold through CSM (millions)				1.1	2.9	3.4	4.5
Malawi	IR	Condoms sold (millions)		0.992	4.6	5.8	5.8	7.2	4.5
Mozambique	IR	Condoms sold (millions)			2	4	10	10	
Tanzania	IR	Condoms distributed to wholesale outlets (millions)				11.5	11.1	11.6	18.2
Zambia	IR	Condoms sold in CSM (millions)	4.7	6.2	6.3	6.5	5.8	5.3	6.6
Zimbabwe	SO	Condoms sold/distributed (millions)			1		2	4.5	8.2
SRP	IR	Condoms distributed in CSM (Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Togo) (millions)				32.6	39.5	43.1	50.2

Access/Availability: Service Delivery Points (SDPs)

Region/Mission	Level	Indicator	1993	1994	1995	1996	1997	1998	1999
Benin	IR	Number of distribution points for socially marketed products (condoms only)				2,000	2,500	5,500	6,907
Guinea	IR	Percent of all Guinean sous-prefectures that have a point of sale for family planning and/or health product				12%		31%	73%
Malawi	IR	Number of MOHP and CHAM hospitals providing comprehensive FP services, including ML/LA		11	14	18	23	23	28
South Africa	IR	Percent of clinics that have condoms easily available					27%	74%	76%

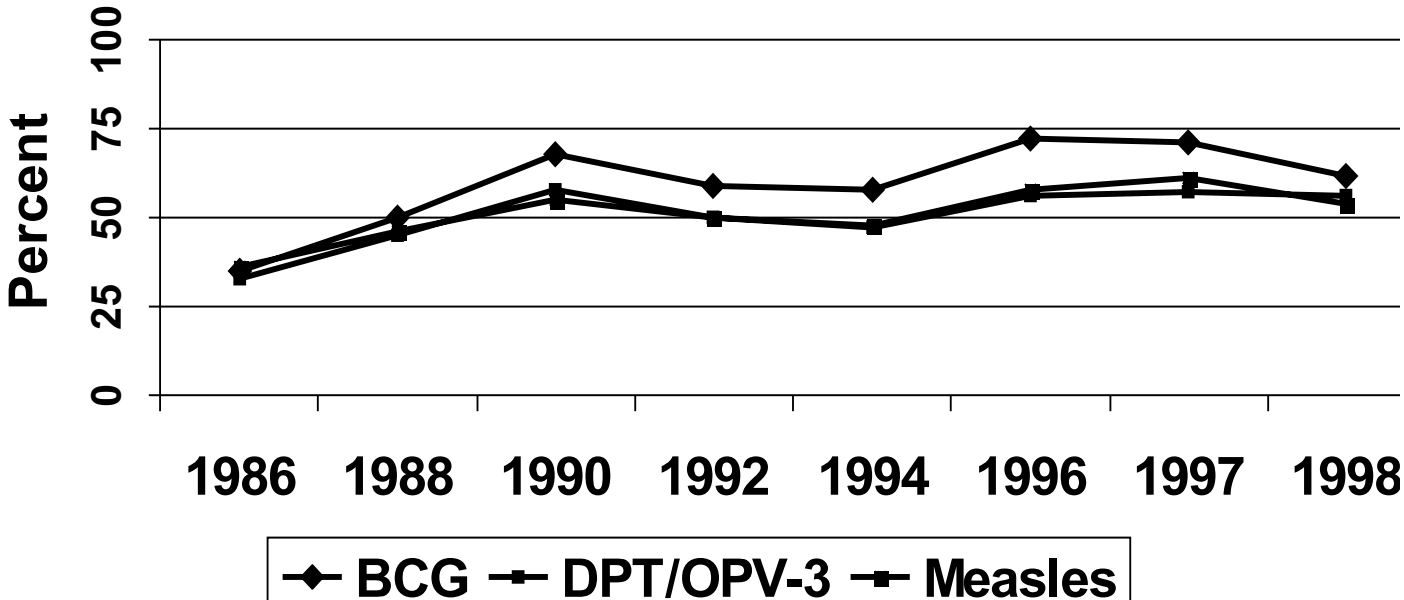
Charts

Under-Five Mortality Rates in Countries with Tw
Demographic and Health Surveys

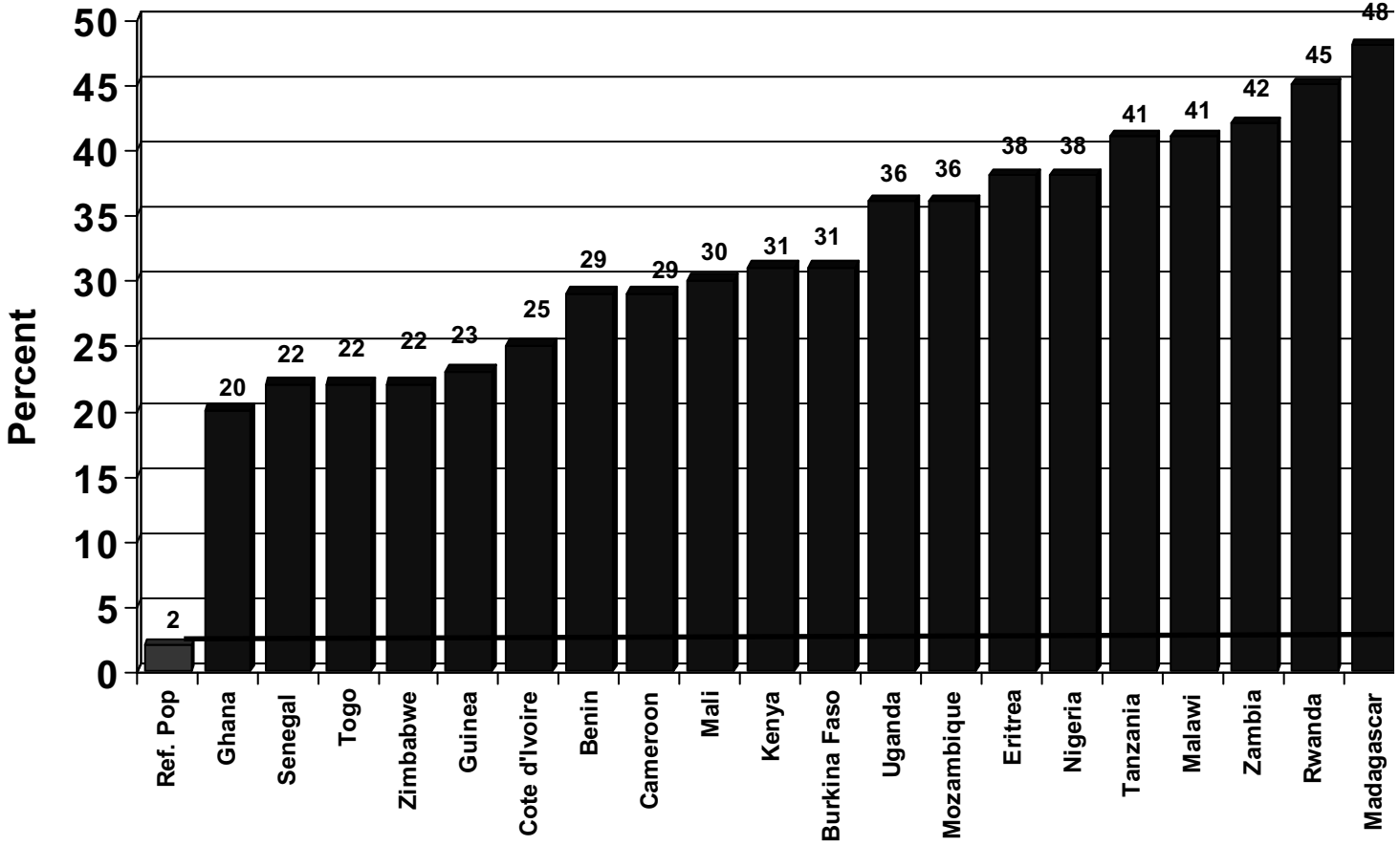


Note: Mortality rates given are for the five-year period prior to the survey.
Source: Demographic and Health Surveys.

Immunization Coverage Rates for Africa



Stunting Among Children < 3 Years of Ag in Sub-Saharan African Countries: 1986~19

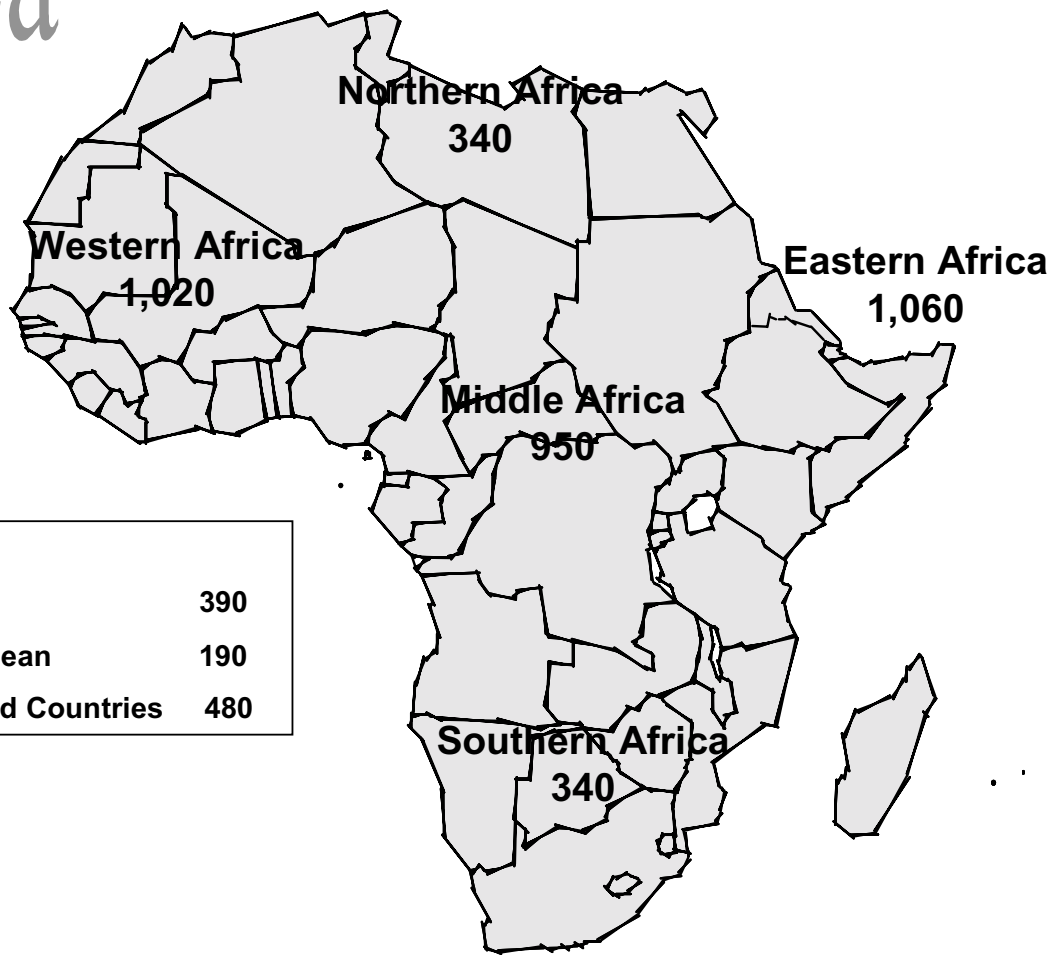


Note: Percentage of children 0 to 35 months whose height-for-age is below minus 2 standar deviations from the median of the reference population. Stunting reflects chronic malnutritio

Source: Demographic and Health Surveys, 1986-1999.

Maternal Mortality Ratio*

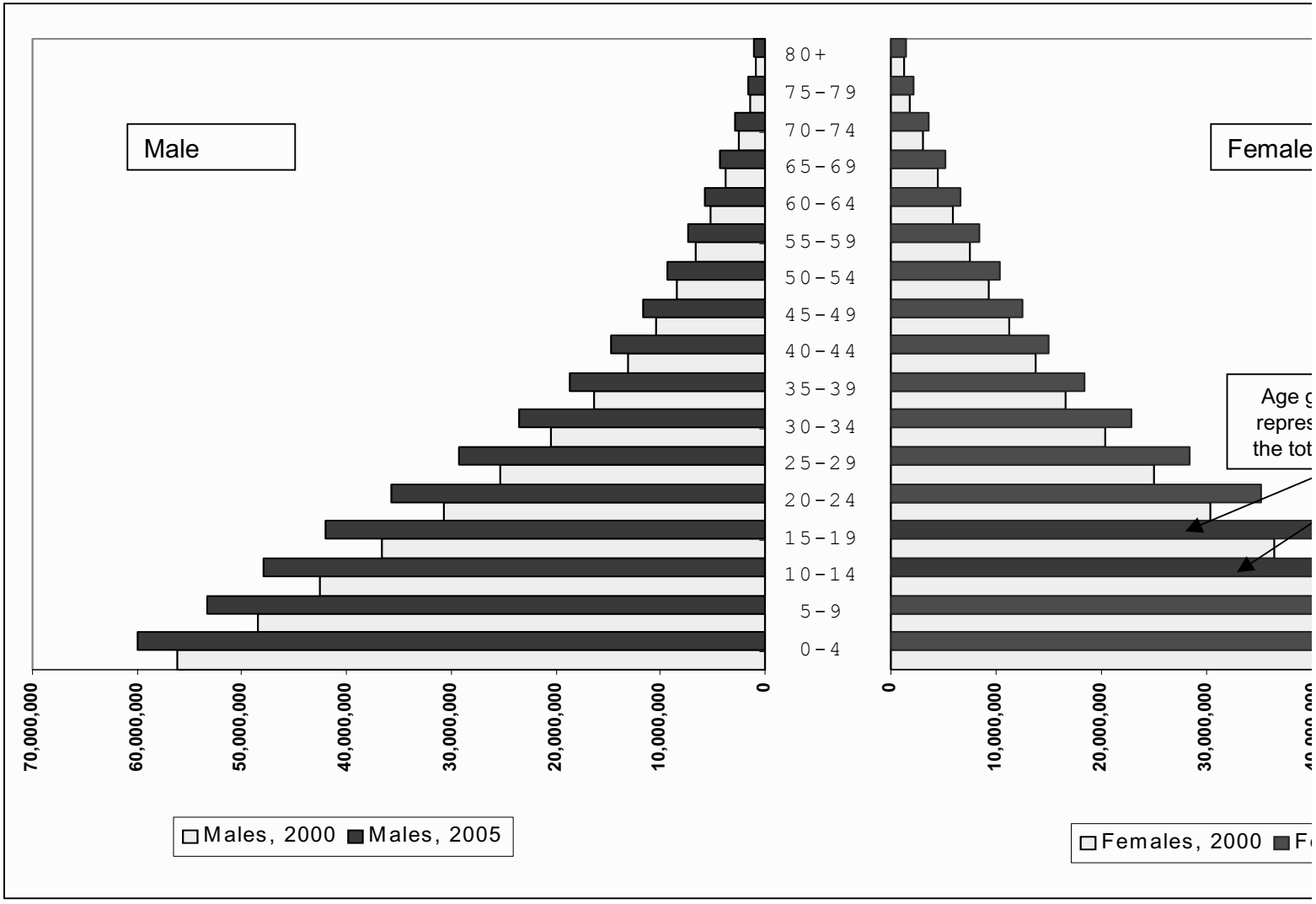
*Maternal deaths per 100,000 birth



Other Regions:	
Asia	390
Latin America/Caribbean	190
Total Least Developed Countries	480

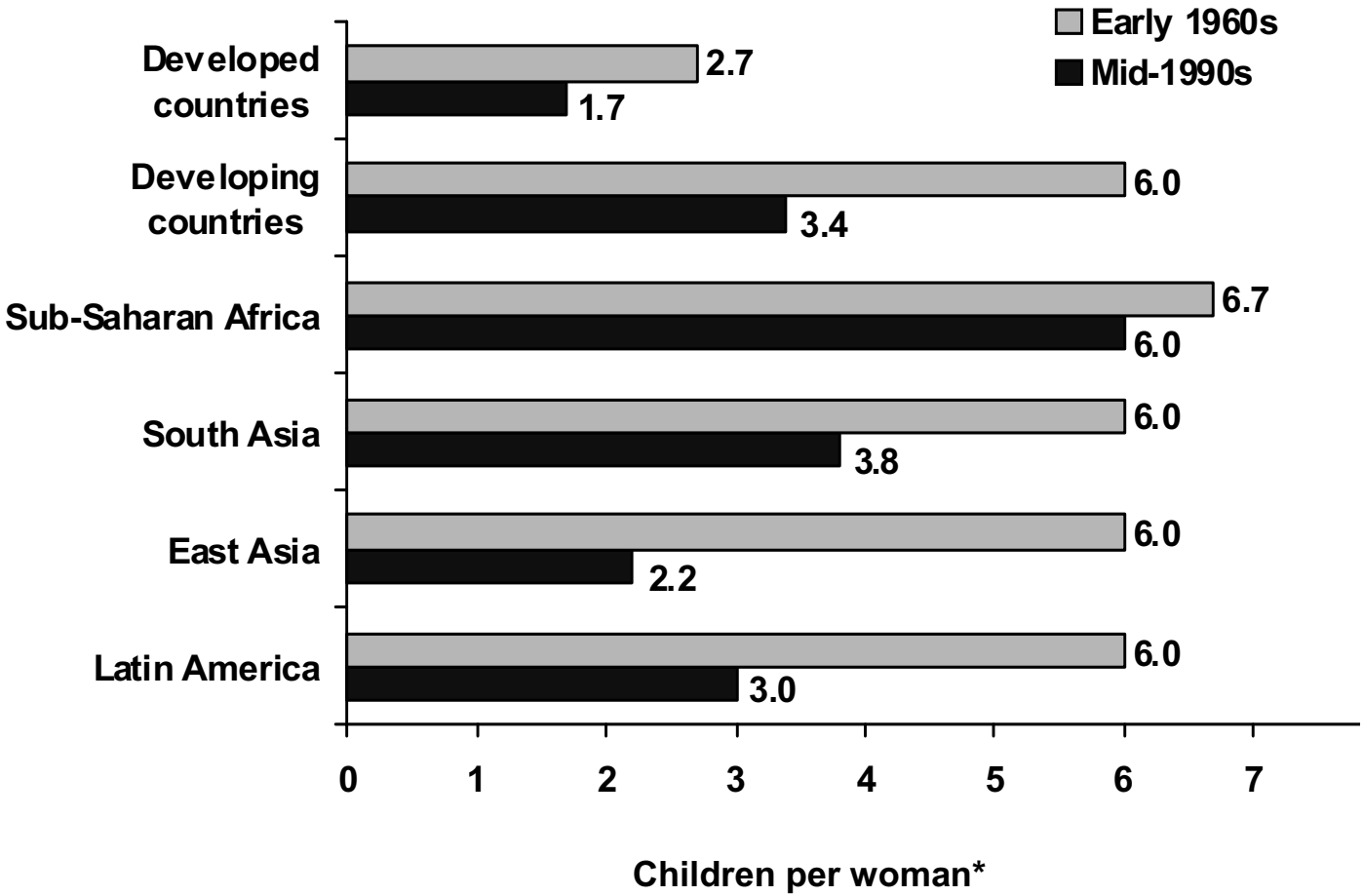
Source: WHO and UNICEF, *Revised 1990 Estimates of Maternal Mortality, April 1996.*

Population of Sub-Saharan Africa by Age and S
2000 and 2005



Source: U.S. Bureau of Census

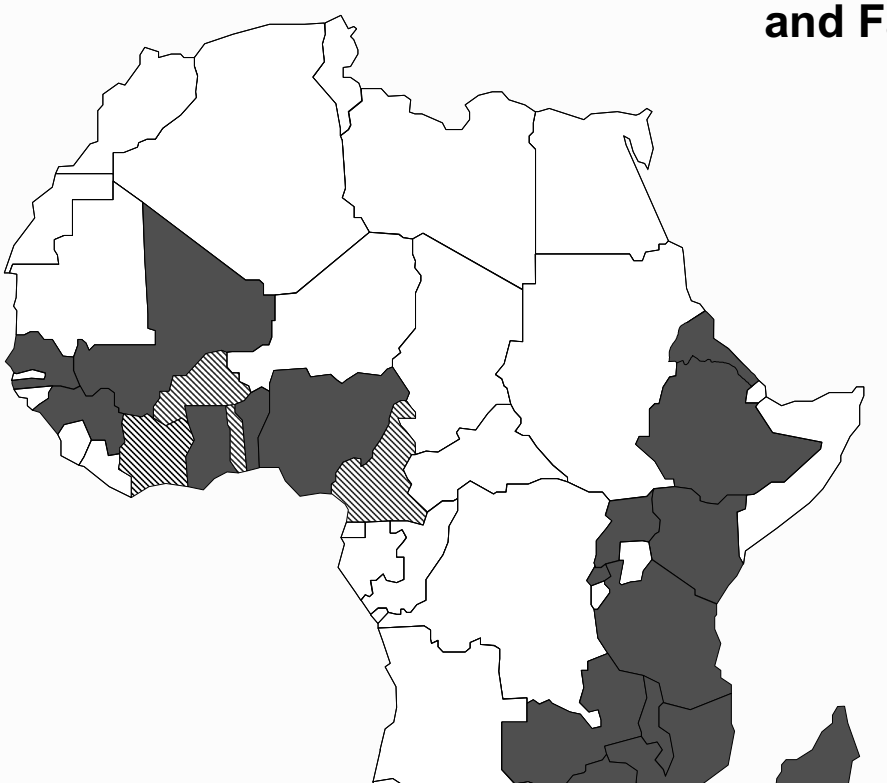
Fertility Decline in Selected World Regions
Early 1960s to Mid-1990s



* The average total number of children a woman will have given current birth rates.
Source: UN, World Population Prospects: The 1998 Revision.

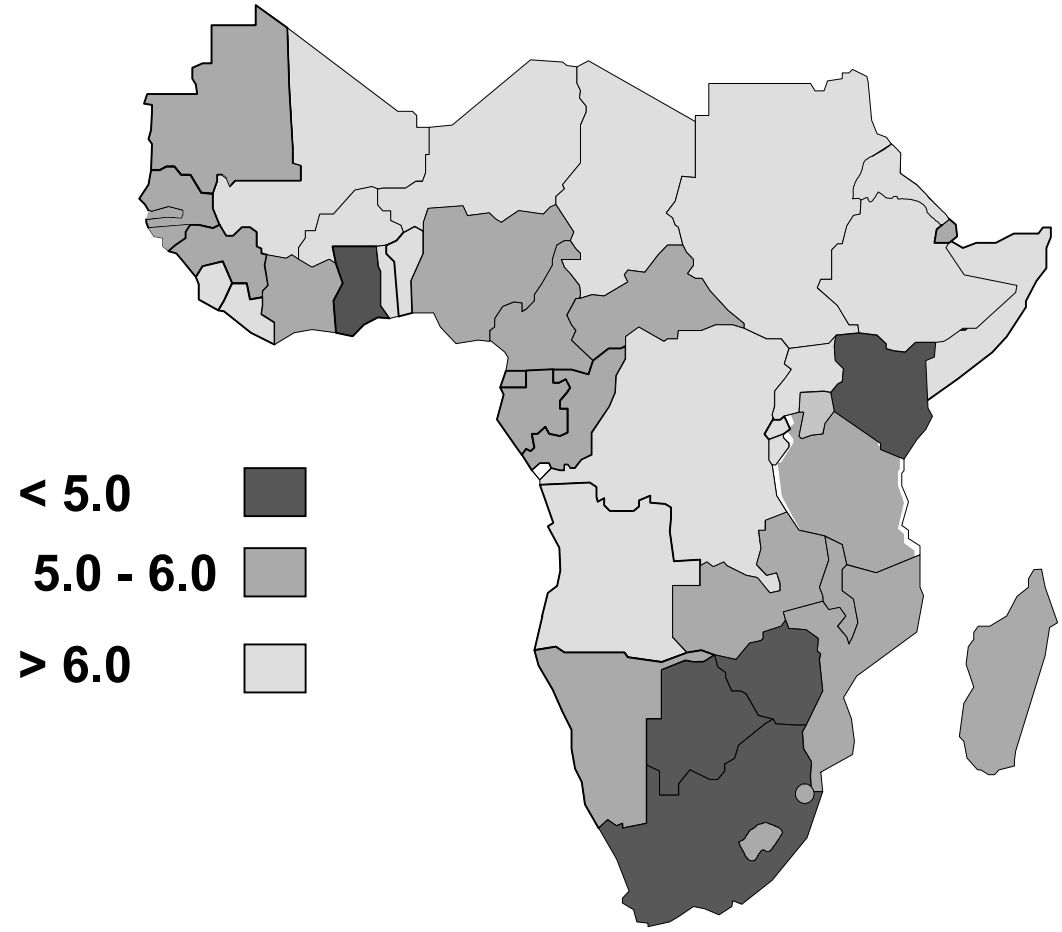
Population/Family Planning Programs in Africa

Strategic Objective in P and Family Planning



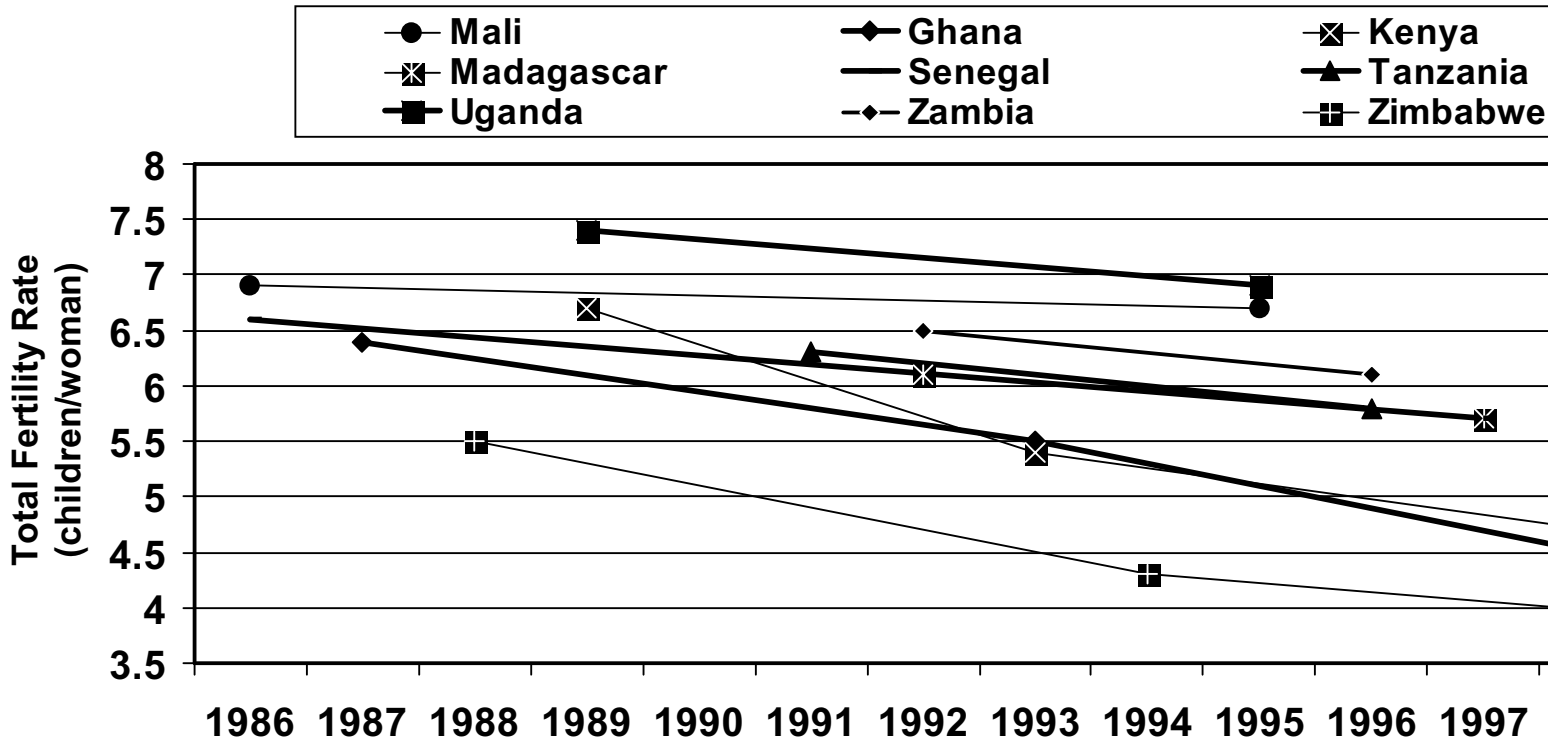
Benin
Eritrea
Ethiopia
Ghana
Guinea
Kenya
Madagascar
Malawi
Mali
Mozambique
Nigeria
REDSO/ESA
Rwanda
Senegal
South Africa
Tanzania
Uganda
Zambia

Total Fertility Rates in Sub-Saharan Africa



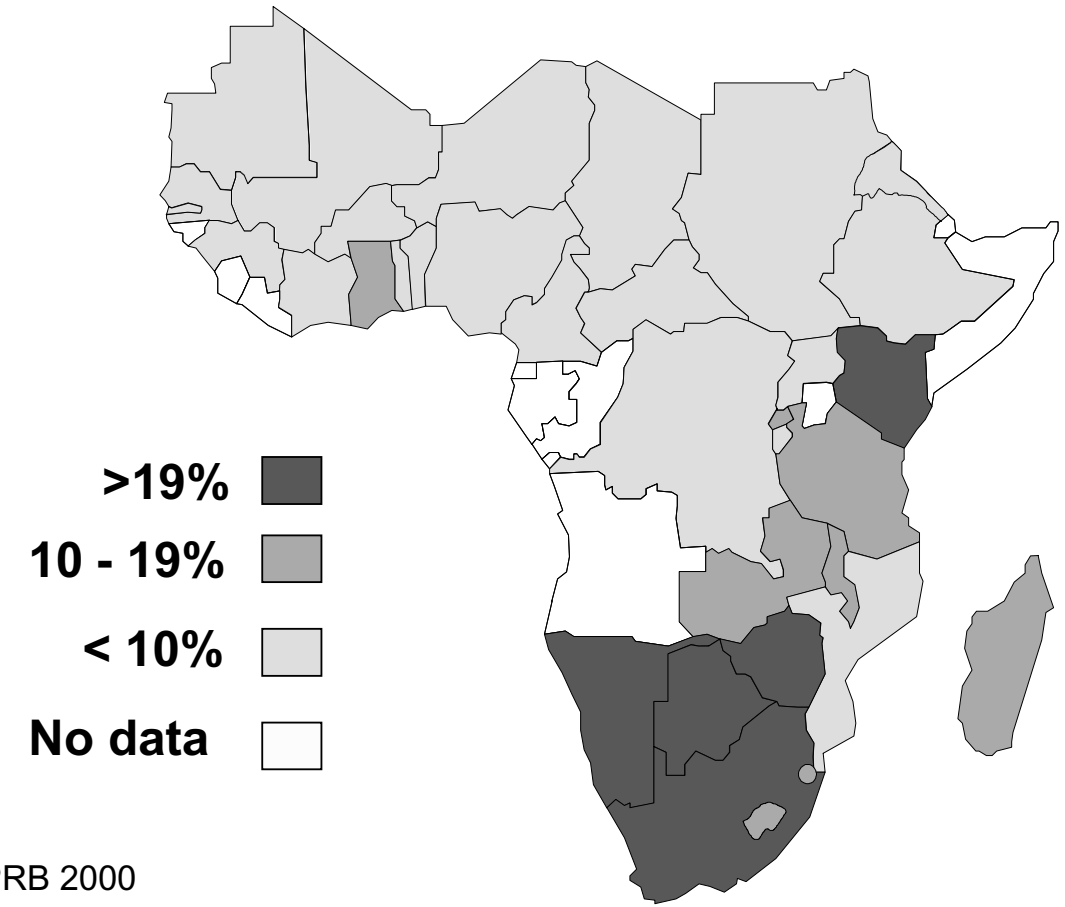
Source: PRB 2000

Comparison of Total Fertility Rates for Select African Countries: 1986-1999



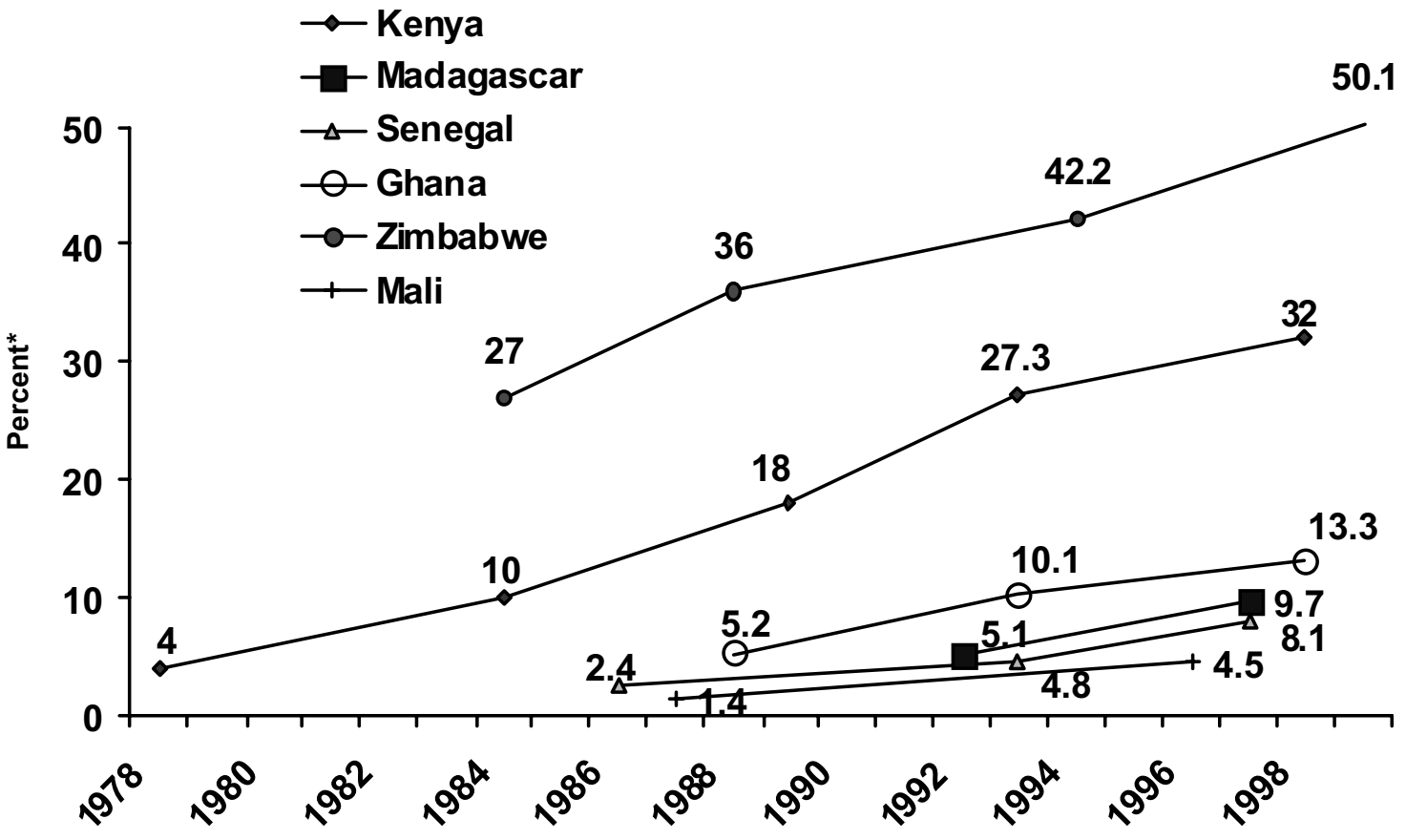
Source: DHS for years indicated.

Contraceptive Prevalence Rates (Modern Methods) in Sub-Saharan Africa



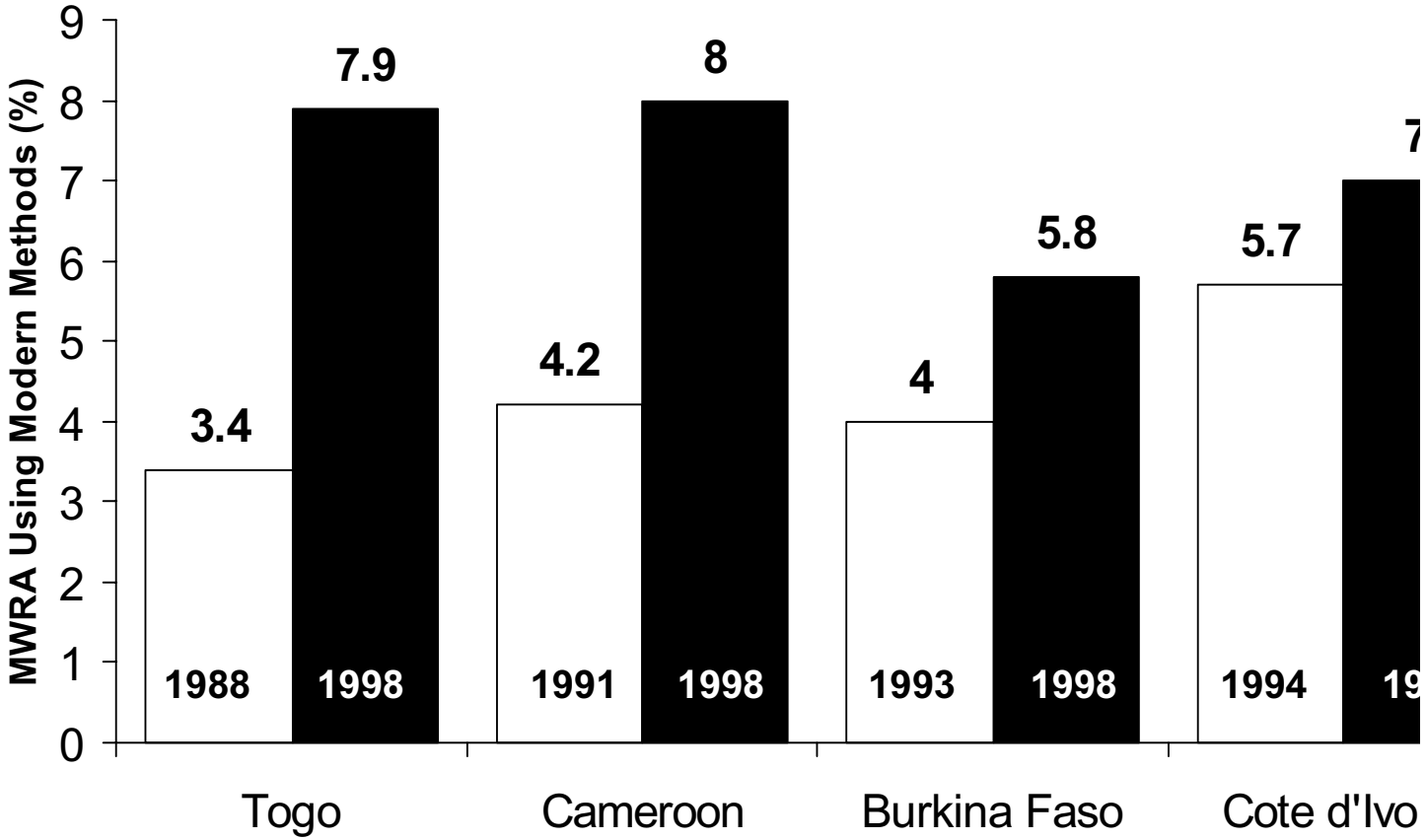
Source: PRB 2000

Trends in Contraceptive Prevalence Rate
Selected Countries



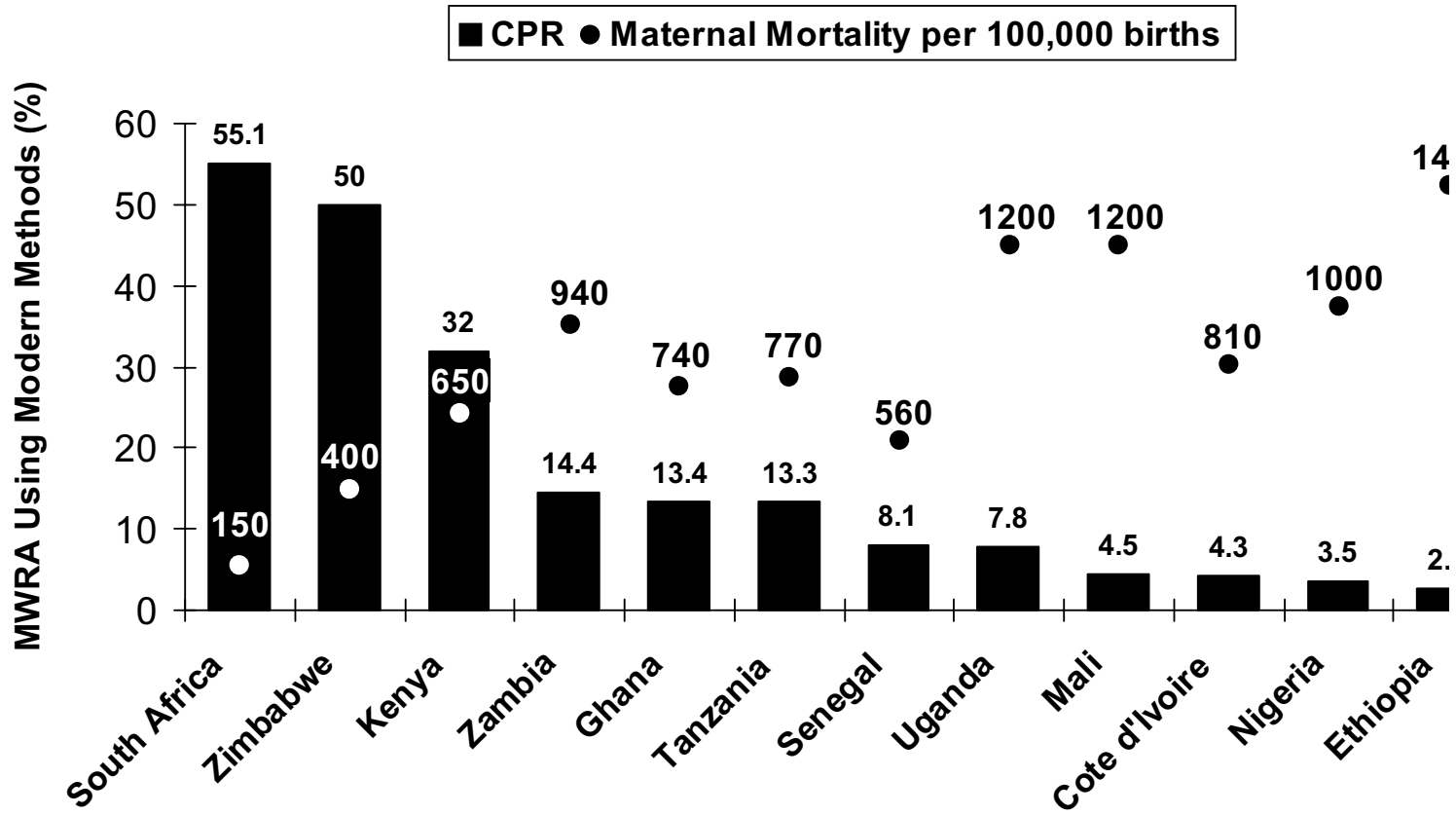
* Percent of married women ages 15 to 49 using modern contraception.
Source: Demographic and Health Surveys

CPR Trend in FHA-WCA Countries



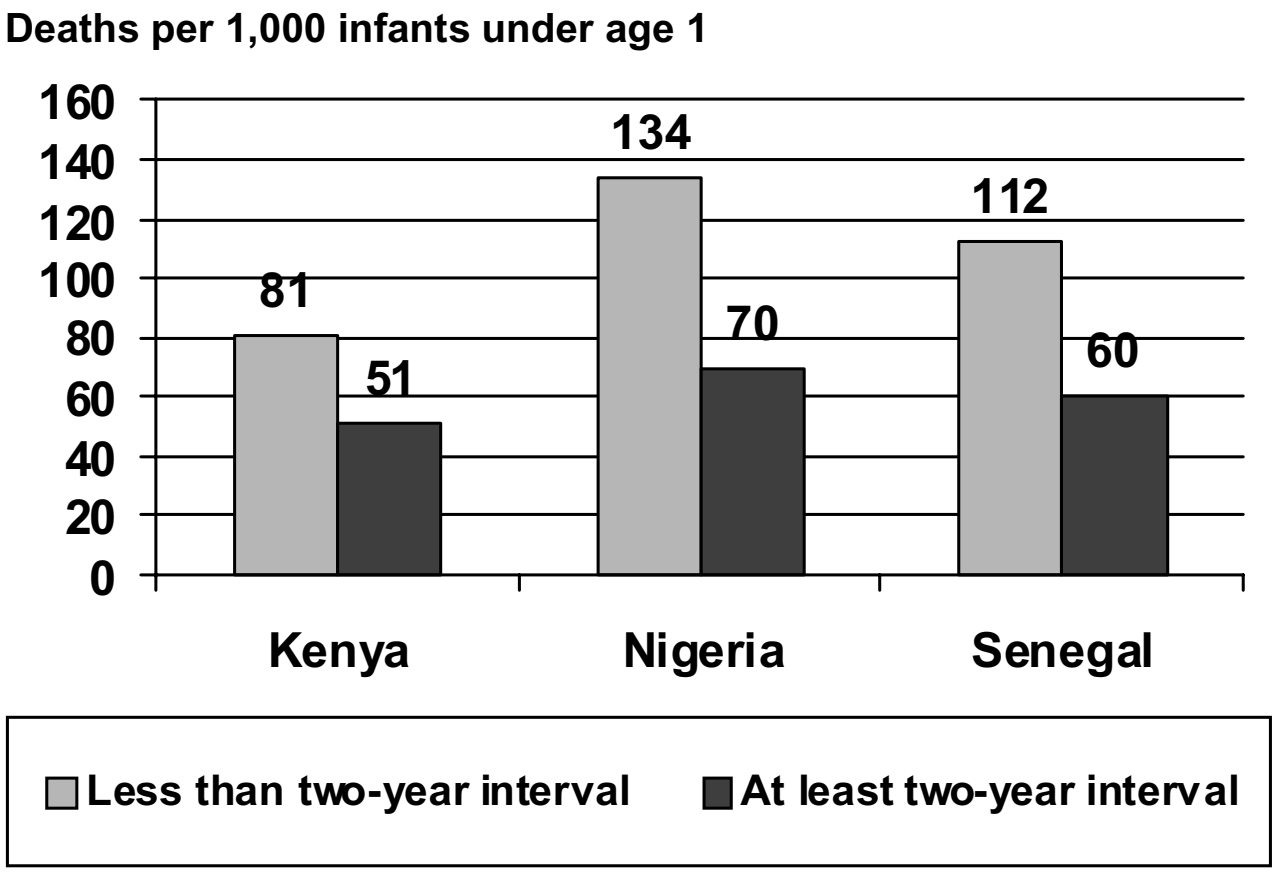
Source: Demographic and Health Surveys

CPR and Maternal Mortality Ratio by Country



Source: Demographic and Health Surveys for CPR, UN for Maternal Mortality Rates

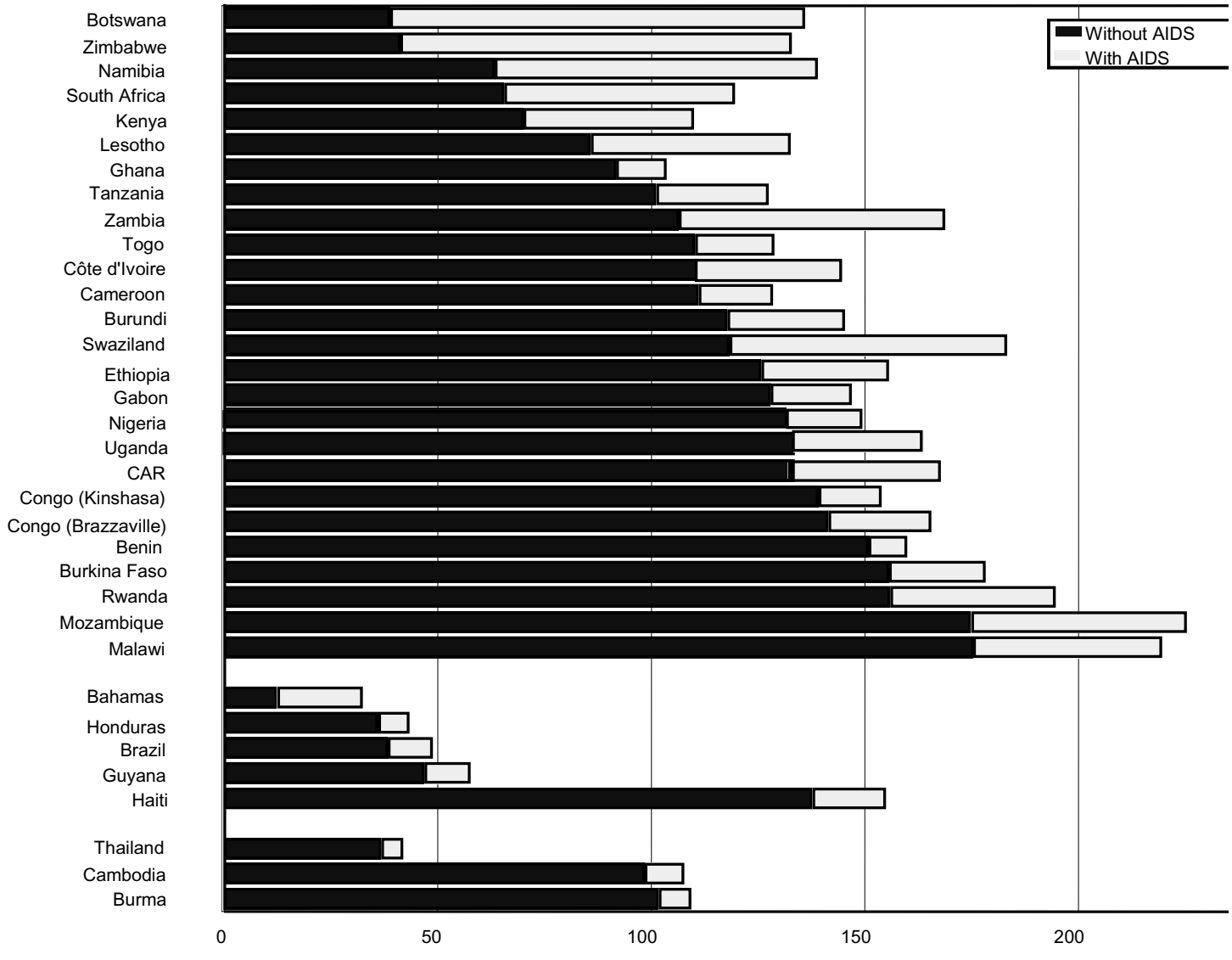
Infant Mortality by Birth Interval



On average, infants born after short birth intervals are twice as likely to di those born after intervals of two or more years.

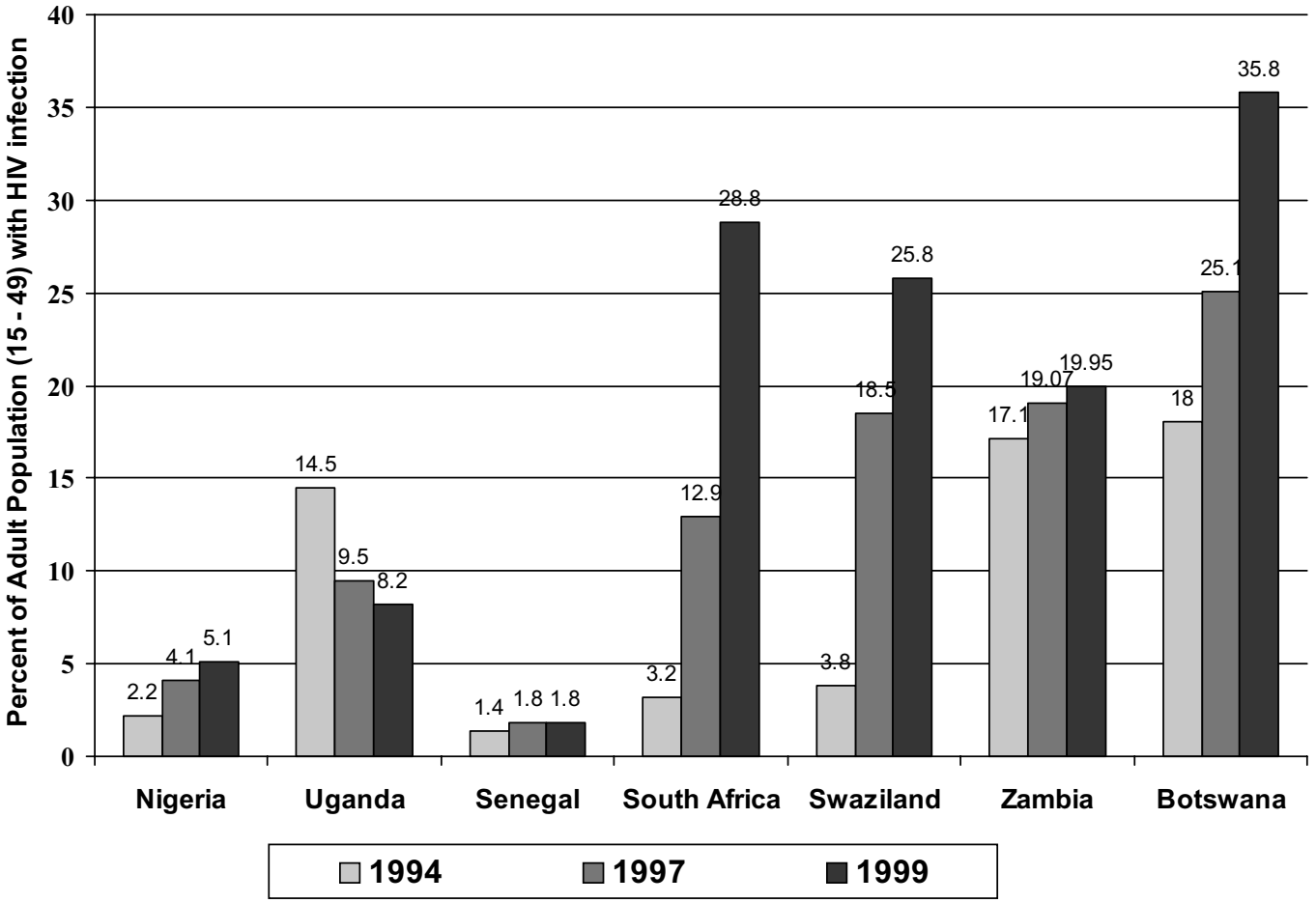
Source: Population Reference Bureau

AIDS Deaths Among Children Under 5 Years Old Are Resulting in Higher Child Mortality Rates (2000)



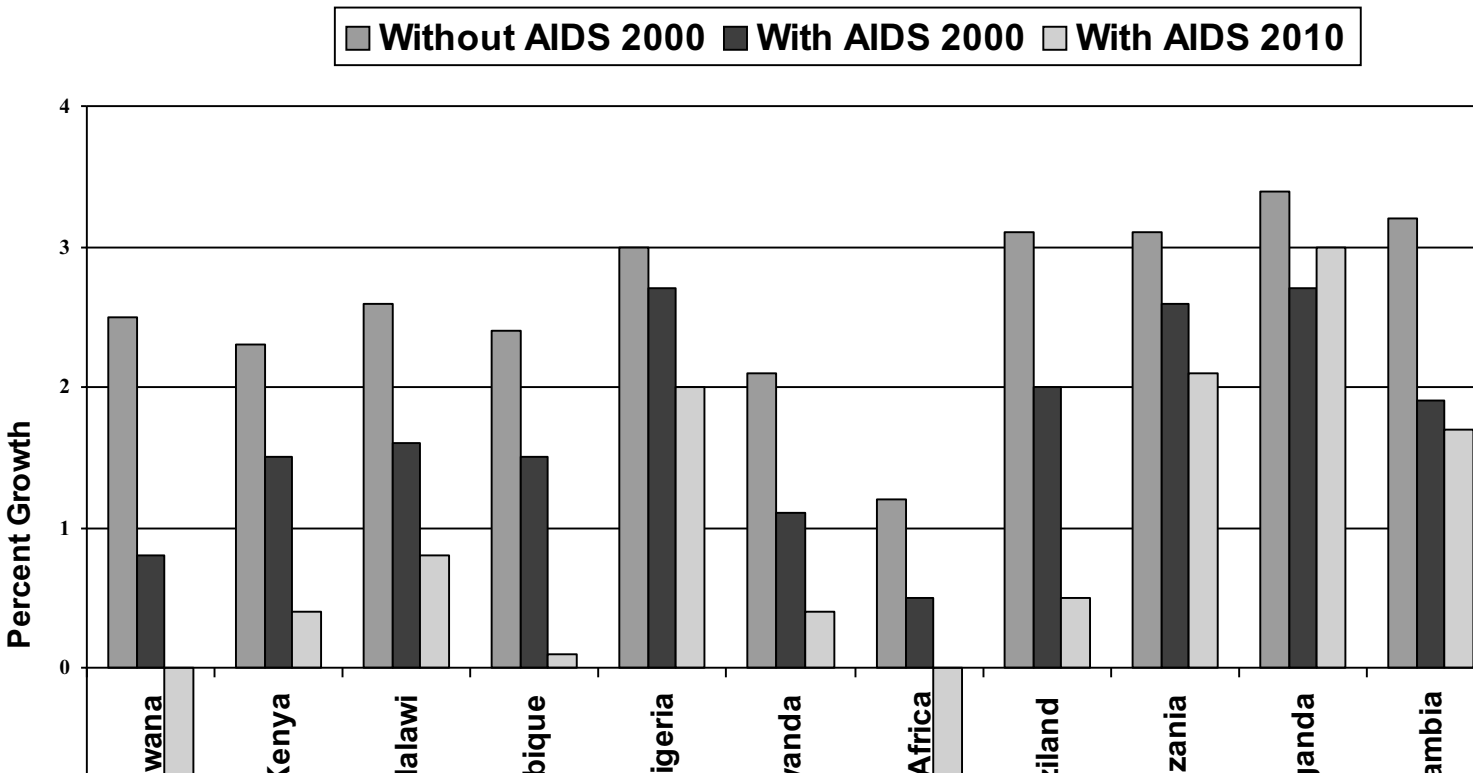
Source: U. S. Bureau of Census, International Programs Center.

HIV Prevalence Trends in Selected Countries

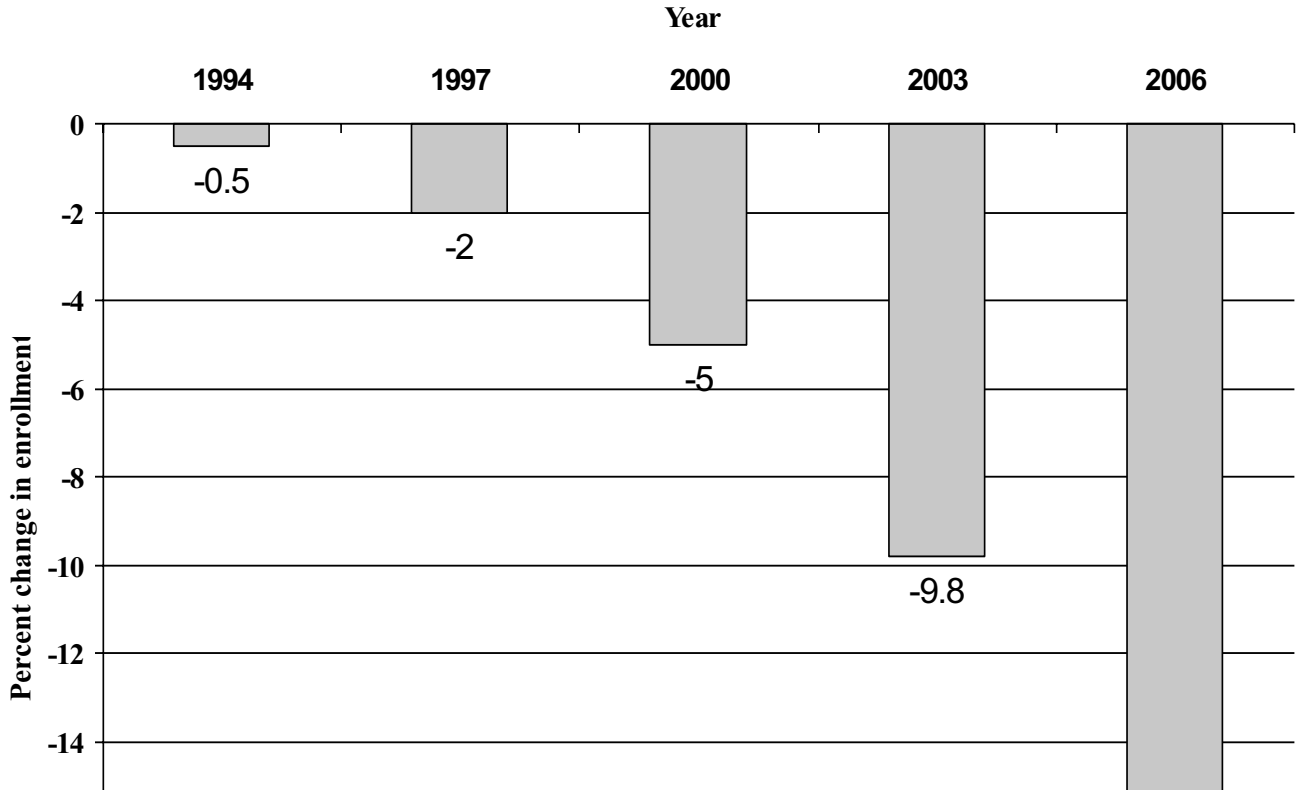


Source: UNAIDS/WHO

Expected Population Growth Rates With and Without AIDS, Selected Countries



Actual and Projected Reduction in 6-Year-Olds Entering School in Swaziland



HIV/AIDS Prevention and Mitigation: Inventory Program Indicators Reported in Africa R4s

Number of countries reporting indicators for the following activities:

	FY 2000	FY 2001	FY 2
● HIV seroprevalence	4	1	2
● Behavioral indicators and attitudes	6	3	5
● Indicators of knowledge	6	2	2
● Service supply indicators	17	16	15

Source: USAID R4s